

SPECIAL

EDUCTION

MANUAL



**Tennessee State Department of Education
2003**

NTRODUCTION

This purpose of this manual is to provide guidance and is not intended to be all-inclusive. It is designed to guide special education administrators, building level administrators, special educators, assessment personnel, and parents through the appropriate procedures for the identification and evaluation of students with disabilities and subsequent IEP development for students eligible to receive special education services.

The manual is organized into two sections. The first delineates the IEP process beginning with child find and referral, and discusses issues and procedures relevant to the provision of a free appropriate public education. This section is designed so that it may be duplicated for building-level use throughout each school district. The second section is devoted entirely to assessment and contains chapters on eligibility requirements for each disability and guidelines for statewide assessments. It is designed so that relevant chapters may be duplicated for appropriate assessment personnel.

The Division of Special Education has designed model forms and other documentation for use by school districts, although these forms are not required. These documents may be found on the Division of Special Education's website (<http://www.tennessee.gov/education/speced/>). Additional information and assistance may be obtained by contacting the Resource Centers and TEIS Centers located in each region of the state or the Division office in Nashville.

Note: A listing of the State Regional Resource Centers and relevant support offices and organizations are located in the Appendices.

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Additional manuals, references and resources referenced in this Section may be accessed on the Special Education Website:

<http://www.tennessee.gov/education/speced/>

SECTION ONE

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COMMUNITY **A**WARENESS

CHILD FIND

It is the responsibility of each local school system to develop and implement procedures for creating public awareness of special education programs and services.

Early identification is essential to detect a child's disability prior to school age so that appropriate services can be provided for the child and for the family. This identification process should occur in the public school system as well as any private schools in the jurisdiction of the local school system. Longitudinal research demonstrates that the earlier a child's disability is identified and appropriate services are provided, the less extensive are the problems caused by the disability. The local school system should serve as both the chief advocate for the child in the provision of appropriate educational services and the primary contact for any person who seeks to locate programs and services for children with disabilities.

Most children with significant disabilities are located and identified easily by local treatment and health care agencies. In planning child find and public awareness activities, special effort should be made to find "highly mobile children with disabilities" (e.g., migrant and homeless children) and children who are suspected of being disabled and in need of special education, even though they are advancing from grade to grade. Methods should also be planned to reach people in the community who may not understand English language materials/broadcasts and people living in rural or isolated geographic areas.

Community Awareness

Child find activities should involve all available resources within the community. The effectiveness of child find depends upon the involvement and cooperation of state and local agencies, professional groups, and special interest groups. Inter-

agency cooperation generates the most effective and efficient means of identifying and locating children with disabilities. A representative from the local school system, designated as the coordinator of the child find program, should work within the community to locate children with suspected disabilities.

Other agencies such as the following are often in an advantageous position to participate in early identification activities: The Tennessee Early Intervention System (TEIS), Tennessee Infant Parent Services (TIPS) School, Division of Mental Retardation Services (DMRS), Early Head Start/Head Start, Department of Children's Services (DCS), Department of Human Services (DHS), and child care centers.

The following activities should be considered when implementing and achieving interagency efforts.

1. Locate all available resources for children with disabilities.
2. Visit as many community resources that serve children with disabilities as possible. The purpose of these visits is to become familiar with the services available, to determine gaps and overlaps in existing services, and to enlist the support of each program.
3. Collaborate with other agencies and departments whenever possible and practical.
4. Seek the input and assistance of parent and advocacy groups.

Public Awareness

In order to identify all children and youth with disabilities, community residents must be made aware of the need for identifying and serving such children and the benefits which may result from early intervention and the provision of appropriate services.

Varying methods should be utilized to acquaint the public with the child find program. The following types of media may be effectively utilized in an awareness campaign:

- radio and television
- newspaper
- grocery sack stuffers
- stuffers for utility bills, bank statements, and cable television bills
- posters
- brochures

- video technology
- various internet web sites
- church bulletins and announcements
- newsletters to school personnel and other agencies
- letters to parents

The following activities may be effective in implementing an awareness campaign:

- press conferences
- speakers bureaus
- presentations at professional and community organizations
- contacts with churches, synagogues, and other religious centers
- contacts with parents and/or parent groups
- contacts with physicians/health care providers
- contacts with child care providers

INVOLVEMENT OF OTHER AGENCIES

Interagency cooperation begins with an analysis of public and private resources. The purpose of systemwide community child find is to provide comprehensive coverage by reaching large numbers of preschool children in a given community who may need special education services. Local school systems are mandated to provide services to children with disabilities ages three (3) through twenty-one (21); however, TEIS and TIPS are charged with the responsibility of child find and provision of services beginning at birth. Agencies that may help provide a continuum of child find services include the following:

- Tennessee Early Intervention System (TEIS)
- Tennessee Infant Parent Services (TIPS) School
- Public Health Departments
- Department of Human Services (DHS)
- Mental Health Developmental Disabilities/Mental Retardation (MHDD/MR)
- Head Start Programs
- Child Development Centers
- Child Care Centers
- Department of Corrections (DOC)
- Infant Stimulation Programs
- Department of Children's Services (DCS)

INTERVENTIONS PRIOR TO REFERRAL

A major component of child find activities requires general education programs within each school system with the specific responsibilities of:

- systematic screening of all children in specific grade levels for students who live in the school district,
- reviewing the educational performance of children who are high risk, and
- providing interventions and documentation prior to referral for special education evaluation.

Tennessee's Rules and Regulations further clarify these intervention strategies should be implemented in the general education program. As many students will experience academic or behavioral problems at some point in their educational careers, teachers should consider other options before a special education referral is made. In their daily work, teachers often consult with a colleague or make modifications to a student's curriculum. Some school districts have procedures for identifying students who are at risk of having academic difficulty.

To help in this process, many Local Education Agencies (LEAs) have established building level problem-solving teams¹. Basic characteristics of the team include building level organization and membership that addresses the needs of students with academic or behavioral difficulties. Duties of this team involve suggesting interventions and providing resources for general education teacher(s). This team's purpose is to ensure that students have access to the general education curriculum and are held to general education standards with reasonable and appropriate accommodations and strategies. Such strategies, including school support teams, may be beneficial in assisting students, provided there is no resulting delay in the identification of students with disabilities.

¹ These teams will vary by name, such as Student or School Support Team (SST), and makeup from district to district.

T_{HE} IEP P_{ROCESS}

Special education services are determined by the Individualized Education Program (IEP) developed for each child. The IEP document is discussed in detail in the Individualized Education Program (IEP) Procedural Manual located on the Special Education website. This chapter delineates the overall process by which special education services are designed for each eligible child.

IEP TEAM COMPOSITION

The composition of the IEP team is statutorily prescribed. IEP team composition generally includes one or both of the parents, a general education teacher, a special education teacher (or special services provider), a school district representative (usually the principal), a person who can interpret the educational implications of the evaluation, and other persons with knowledge or expertise regarding the child. The child should be invited to the IEP team meeting when secondary transition services are considered and other times as appropriate for the development of the IEP.

PARENT/STUDENT INVOLVEMENT

The education of children with disabilities can be made more effective by strengthening the role of parents and ensuring that families of such children have meaningful opportunities to participate in the education of their children at school and at home. There are many decisions to be made for each student with a disability, and most of the decisions lead to activities and action that have far-reaching consequences.

IDEA'97 maintained the requirements for parental and student involvement in decision-making and further strengthened this language. Parents must be given the opportunity to participate in meetings with respect to the identification, evaluation, and educational placement of their child, and the provision of FAPE to their child. Parental involvement is a benefit to the IEP process. Effective

parent involvement benefits the student; however, the school also benefits by better understanding the student's needs.

The parent and school have many things in common. Both want the student to succeed and neither wants the student to be pressured by differing standards at home and school. The parent and school should have the same goal – the most appropriate and effective education for the student.

Parents of students with disabilities must be given regular reports on their child's progress. By staying informed of the student's progress on IEP goals and objectives, a parent is better equipped to intervene and/or support that progress. Parents should share with the school all information concerning activities at home that could significantly affect the student's progress.

Students should be involved in the development of their IEPs as early as possible. The federal law requires the invitation of the student to his/her IEP meeting whenever transition services are being considered. The outcome of transition services is for the student to become aware of what s/he would like to do after leaving the high school setting. The student may plan to transition to work, to college, or a combination of both. The student and other members of the IEP team should determine this goal.

SEVEN ESSENTIAL STEPS IN THE IEP PROCESS

There are seven (7) essential steps in the IEP Process:

1. Referral
2. Preevaluation
3. Evaluation
4. Eligibility Determination
5. Development of IEP
6. Implementation of IEP
7. Annual Review

STEP 1: REFERRAL

A referral may be made by anyone who has information that indicates that a child may have a disability. Referrals are made typically by teachers who recognize that a child has a difficulty, which suggests a possible disability. However, with effective community awareness and child find activities, the number of referrals

from sources outside the school will likely increase. Regardless of the source of the referral, each school should have a clearly understood uniform procedure for processing referrals. School districts are encouraged to establish system-wide referral procedures to ensure consistency throughout the district.

STEP 2: PREEVALUATION

Immediately after a referral is made, all available information relative to the child's suspected disability, including information from the parent and interventions made in general education, should be collected. All relevant information must be considered before determining whether additional data, such as medical information or evaluation results, are needed. This decision cannot be made by an individual teacher or administrator but must be made by a group of people – essentially the individuals who comprise the child's IEP team.

In cases where the referral has been made by the parent, the group's decision regarding evaluation must be documented in written notice to the parent regardless of the decision. If the decision is to conduct an evaluation, the school district must obtain informed written consent from the parent before proceeding with the evaluation. If the team determines that an evaluation is not warranted, appropriate written notice must also be given to the parent. The notice must include the basis for the determination and an explanation of the process followed to reach the decision. If the school district refuses to evaluate or if the parent refuses to give consent to evaluate, the opposing party may initiate a due process hearing.

STEP 3: EVALUATION

Referral information and appropriate involvement of the child's team lead to the identification of specific areas to be included in the evaluation. All areas of a suspected disability must be evaluated. The definitions and eligibility standards for each disability area are found in Section II of this manual. In addition to determining the existence of a disability, the evaluation should also focus on the identification of the child's special education and related service needs.

STEP 4: ELIGIBILITY DETERMINATION

The determination of eligibility for special education services is two-pronged. After the completion of the evaluation, the IEP team meets to determine whether the evaluation results indicate the existence of a disability **and** whether the child exhibits a need for special education.

STEP 5: DEVELOPMENT OF THE IEP

The IEP should focus on educational needs that cannot be met in the general education program. Goals and objectives in the IEP are based on the strengths and needs of the child, concerns of the parent(s), and results of the initial or most recent evaluation of the child, as appropriate.

Note: Refer to <http://www.tennessee.gov/education/speced/seguidebooks> for detailed instructions and guidance for the development of the Individual Education Program.

STEP 6: IEP IMPLEMENTATION

The school district is responsible for obtaining informed written parental consent prior to implementation of the initial IEP placement. The written IEP reflects the beginning and end dates for the goals and objectives agreed upon by the IEP team.

STEP 7: ANNUAL REVIEW

The student's IEP team must review the IEP at least annually. Review of the child's IEP and the goals and objectives therein may be requested at any time by any member of the IEP team.

REEVALUATION

A reevaluation must be conducted at least every three years or earlier if conditions warrant. Reevaluations may be requested by any member of the IEP team prior to the triennial due date. Some of the reasons for requesting early reevaluations may include:

- concerns, such as lack of progress in the special education program,
- the acquisition by an IEP team member of new information or data, or
- review and discussion of the student's continuing need for special education (i.e., goals and objectives have been met and the IEP team is considering the student's exit from his/her special education program).

Depending on the child's needs and progress, reevaluation may not require the administration of tests or other formal measures. However, the IEP team must thoroughly review all relevant data when determining each child's evaluation needs.

EXIT FROM SPECIAL EDUCATION

A child's eligibility to receive special education and related services from a local school district is terminated by an IEP team evaluation finding that the child:

- no longer meets the Tennessee eligibility standards,
- no longer requires special education and related services,
- graduates with a regular diploma, or
- exceeds the age of eligibility for FAPE (age 21) before the start of the school year.

DISPUTE RESOLUTION

Disputes that are resolved at the local level may preserve and even strengthen the relationship between the school system and the parent. For this reason, it is recommended that the following four (4) steps be attempted before resorting to the dispute resolution options detailed in the Tennessee State Board of Education Rules and Regulations:

Recommended Steps:

- ONE: Contact the teacher or principal at the child's school.
- TWO: Hold an IEP team meeting to discuss concerns of the IEP team members.
- THREE: If "Step Two" is unsuccessful, contact the special education office at the local board of education.
- FOUR: If "Step Three" does not resolve the matter, contact the Tennessee Department of Education for further assistance.

If the resolution of a disagreement is unsuccessful, an administrative complaint can be filed with the State Department of Education. For the procedures for filing an administrative complaint please go to the special education website listed at the end of this section.

PROCEDURAL SAFEGUARDS

These safeguards ensure that the rights of children with disabilities and their parents are protected, that students with disabilities and their parents are provided with the information they need to make decisions regarding the provision of FAPE, and that procedures and mechanisms are in place to resolve disagreements between parties.

Note: Refer to <http://www.tennessee.gov/education/speced/srules> for the Rulemaking Hearing Rules of the State Board of Education (Chapter 0520-1-9) Special Education Programs and Services for procedural safeguards in implementing special education services.

PROGRAMS AND **S**ERVICES

School districts must make a free appropriate public education (FAPE) available to all children who are eligible for special education beginning at age three. The responsibility for services continues as long as the student continues to be eligible for special education. Services set forth in a child's IEP must be provided at no cost to the parent. The school district may use other sources of financial support for IEP services.

ACCESS TO THE GENERAL CURRICULUM

Children with disabilities should have access to the general academic curriculum as well as a variety of educational programs and services provided for other students including, but not limited to:

- art,
- music,
- physical education,
- prevocational and career development, and
- vocational education.

Nonacademic services and extracurricular activities should be provided in a manner that affords children with disabilities an equal opportunity for participation. These services and activities may include:

- counseling services,
- athletics,
- transportation,
- health services,
- recreational activities, and
- special interest groups and clubs.

LRE: LEAST RESTRICTIVE ENVIRONMENT

Children with disabilities must be educated in the school they would normally attend, unless the IEP requires otherwise. Children should not be removed from their home or zoned school if needed services can be provided in that location. Any potential harmful effect on the child or on the quality of services must be considered in placement decisions.

After determining a child's need for special education services, the IEP team is responsible for developing an IEP designed specifically to meet the identified needs of the child. Least restrictive environment should be the foremost principle in guiding IEP teams in programming services for children. All programs and services must be considered in terms of what is least restrictive for each student. The general education classroom should always be the first consideration.

CONTINUUM OF ALTERNATIVE SERVICES

Although the first consideration for services is the regular environment, more restrictive placements may be necessary when needed services cannot be provided in the general education setting. The continuum of alternative services includes instruction in:

- general classes with supplemental aids and materials,
- general classes with supplemental services, such as resource or itinerant instruction,
- special classes,
- special schools,
- home,
- hospital, and
- residential facilities.

TRANSITION

“Transition” involves the steps that are taken to support the child's purposeful and organized move from one (1) program to another.

Early Childhood Transition

Transition from Early Childhood Intervention (Part C) services is facilitated through a transition conference to assist families in moving from one system of services to another in a smooth and timely manner. The purpose of the transition conference is to:

- facilitate discussion among the family, current service providers and potential service providers regarding the child's individual needs, both present and future;
- engage in planning, including identification and documentation, regarding specific actions that will be necessary to assist the child in accessing future services; and
- provide ample time to allow action plans to be completed, including the development of an IEP, when applicable, by the child's third birthday.

Secondary Transition

For special education purposes, transition is the change from secondary education to post-secondary programs, work, and independent living. Transition services aid students in this process through a coordinated set of activities that are:

- designed within an outcome-oriented process, which promotes movement from school to post-school activities including:
 - postsecondary education,
 - employment,
 - independent or supported living, and
 - community involvement;
- based upon the individual student's needs, preferences, and interests; and includes instruction, related services, community experiences, employment and/or adult living objectives and, when appropriate, daily living skills objectives and functional vocational evaluation.

Note: Refer to <http://www.tennessee.gov/education/speced/seguidebooks> for detailed information on Transition and Work-Based Learning guidelines and procedures.

ASSISTIVE TECHNOLOGY

Assistive technology (AT) is a component of the educational programs of students with disabilities.

Assistive Technology Devices are any items, equipment, products, or system, whether acquired commercially, teacher-made, modified, or customized, that are used to increase, maintain, or improve the functional capabilities of children with

disabilities. For example, some students' ability to learn, compete, work, and interact with others may improve with the use of the following:

- adapted toys,
- switches,
- computers,
- amplification systems,
- wheelchairs,
- memory aids,
- magnifiers,
- augmentative communication devices, and
- other adapted devices.

Assistive Technology Services are services needed to support effective use of AT devices. AT services may include:

- training or technical assistance for the child and/or the child's family, and
- training or technical assistance for professionals, employers, or other individuals who are substantially involved in the major life functions of an individual with a disability.

Services also include selecting, designing, fitting, customizing, adapting, applying, retaining, repairing, or replacing assistive technology devices.

Note: More detailed information on Assistive Technology in Special Education is located on the Special Education website at <http://www.tennessee.gov/education/speced/seatsupguide.pdf> (Supervisors' Guide) and <http://www.tennessee.gov/education/speced/seatparguide.pdf> (Parents' Guide).

RELATED SERVICES

IEP teams may determine that services other than instruction are necessary to help students benefit from special education. The IEP team makes the determination of need for related services. In some cases, the IEP team may recommend an evaluation to determine the need for a specific related service. In all cases, related services should support the special education program outlined in the IEP with a clear correlation between the related services and IEP goals and objectives.

"Related Services" normally include transportation and such developmental, corrective, and other supportive services as required to assist a child eligible for special education to benefit from special education. Related services may be

delivered in school, home, or community settings as determined appropriate by the IEP team. They may include the following:

- speech/language pathology and audiology services,
- psychological services,
- social skills development,
- behavior planning and implementation,
- physical and occupational therapy,
- recreation including therapeutic recreation,
- early identification and assessment of disabilities in children,
- counseling services, including rehabilitation counseling,
- orientation and mobility services, and
- medical services for diagnostic or evaluation purposes.

The term may also encompass school health services, social work services in schools, and parent counseling and training.

EXTENDED SCHOOL YEAR

As IEP teams review, develop and revise the student's IEP annually, there must be a consideration of an individual student's need for Extended School Year (ESY) services. There are several factors that need to be considered when establishing eligibility for ESY services, including:

- degree of regression/time for skill recoupment,
- degree of disability,
- parent skills and abilities – the ability of the student's parent to provide educational structure at home,
- the student rate of progress (when compared to other children with the same or similar disability),
- teacher and parent interviews and recommendations,
- data-based observations of the pupil,
- consideration of any behavioral/physical problems,
- Least Restrictive Environment (LRE) considerations,
- the availability of alternative (community) resources for serving the student,
- areas in the student's program/curriculum which require continuous attention, and
- consideration of the student's vocational needs.

The regression-recoupment factor is related to the amount of time required to relearn skills or behaviors that become so significant as to interfere with ongoing

educational progress. While this is but one area of consideration, it is necessary for schools to have in place a system to allow for its documentation. This may be done through data collection prior to and after an extended break in the school year (i.e., Christmas holiday, spring break, etc.). This can be determined through record reviews, interview with parents and students and classroom-based checklists of skills taught, retained, and/or lost.

The IEP team should document both the decision and explanation on how the decision was determined. If the team determines there is inadequate information to support a decision regarding ESY services, there should be a clear/concise statement as to when the decision will be made and the data collected to make the decision.

TRANSPORTATION

Children with disabilities should be transported with children without disabilities to the maximum extent appropriate. Special transportation should be provided when necessary as determined by IEP teams. IEP teams should consider possible adaptations to the regular transportation system before providing separate transportation.

Travel time for students who are provided special transportation should not exceed the time for students who are provided regular transportation, unless there are extenuating circumstances.

Personnel directly involved in the provision of special transportation must have training regarding the needs of students with disabilities. This safety requirement applies to both drivers and attendants on vehicles.

School systems may contract with other agencies for special transportation, provided that the contractor's drivers, attendants, and vehicles meet the State Board of Education requirements. In addition, if necessary, parents or designees may also provide special transportation on a contractual basis.

Note: Training materials for school bus drivers of special education students, Special Needs Transportation Course, are available on the web at: http://www.schoolbusfleet.com/train_1.cfm

FACILITIES

Comparability is a major consideration in providing appropriate facilities for programs serving students with disabilities. All programs and services in a school

system must be accessible in at least one school serving each grade level. All facilities must have clearly visible parking and entrances for individuals with physical disabilities.

SECTION TWO

ASSESSMENT

MANDATED STATE ASSESSMENT

All students with disabilities must be included in state, regional, and district large-scale assessments, with results from assessments reported and findings aggregated with the total school population. The intent of the law supports research showing that high expectations for students mean high expectations for teachers and schools. This means there can be no exemptions from State Mandated Assessments. Therefore, all students must participate in the Tennessee Comprehensive Assessment Program (TCAP) Assessments given at state-scheduled predetermined grade levels.

TCAP Achievement	Grades 3-8
TCAP Writing	Grades 5, 8, and 11
TCAP Competency	Grades 9-12 - Required for Graduating Classes 2001- 2004
TCAP Gateway Tests Taken at completion of specified courses: <i>Gateway Mathematics, Language Arts and Science</i>	Grades 9-12 - Required for Graduating Classes Spring 2005
TCAP End-of-Course Tests (EOC)	Taken at completion of specified course(s)

Students who participate in the regular TCAP assessments may also use extensive accommodations outlined in detail in the “Instructions for Accommodations Addendums”. Students taking the TCAP state-mandated tests may take the test with:

- No accommodations,
- “Allowable Accommodations”, and/or
- “Special Conditions Accommodations.”

Note: The Instructions for Accommodations Addendums for students who will be participating in the TCAP utilizing Allowable State Accommodations, Special Conditions Accommodations, and for those children who meet participation criteria for the TCAP-Alt are located on the Special Education website at <http://www.tennessee.gov/education/speced/seassessment>.

END-OF-COURSE TESTS

The End-of-Course Assessment Program includes tests in ten subjects including Algebra I (also taken by Math for Technology II students), Math Foundations II (also taken by Math for Technology I), Geometry, Algebra II, Biology I (also taken by Biology for Technology students), Physical Science, Chemistry, English I, English II, and US History.

Beginning with students who entered the 9th grade in the 2001-2002 school year, students must successfully pass examinations in three subjects (Algebra I, Biology I, and English II) in order to earn a high school diploma. These examinations are referred to as the Gateway Tests. In implementing the three Gateway Tests, the Department of Education provided forms calibration assessment for **Gateway Mathematics, Language Arts, and Science**.

Note: Refer to the Appendices in this manual for Questions and Answers pertaining to the Gateway Assessments and special education concerns.

ALTERNATE ASSESSMENT

All students receiving special education services will participate in either the Tennessee Comprehensive Assessment Program (TCAP) Assessments or the Tennessee Comprehensive Assessment Program-Alternate (TCAP-Alt). Annually, the IEP team must determine the appropriate assessment based on SDOE guidelines developed for this purpose.

Therefore, the primary purpose of the alternate assessment is to ensure that students with disabilities who cannot participate in the regular statewide assessment, even with extensive accommodations and modifications, be provided the opportunity to participate in a challenging curriculum that will result in higher expectations. The alternate assessment also ensures that these students are included in the state's educational accountability system. The alternate assessment provides a measure of the extent of system and parental support as well as student opportunities to learn.

Note: Instructions for developing Tennessee's alternate portfolio assessment (TCAP-Alt) are located on the Special Education website at: <http://www.tennessee.gov/education/speced/seassessment>.

EVALUATION AND ELIGIBILITY

The diversity of students suspected of needing special education challenges the expertise of special and general education teachers and administrators. Making professional decisions as to the identification of and programming for these students is often a difficult task. It is without question that the assessment process is paramount to the appropriate identification of students needing special education and to the appropriate programming for these students.

ASSESSMENT SPECIALISTS

Specific Eligibility Standards have been established for determining disability eligibility standards, evaluation procedures, and evaluation participants. The following is a list of assessment specialists who may be included in the assessment of children who are suspected of having a disability designated in Tennessee's Rules and Regulations. A brief description of these specialists is also included.

Audiologist – a person holding a Master's Degree (or equivalent) in audiology and having American Speech-Language and Hearing Association certification (CCC-A) who is responsible for identification, audiological evaluation, and management of hearing impaired persons.

Low Vision Specialist – a state credentialed teacher with an endorsement in the instruction of students with Visual Impairments. This person is certified to conduct and/or interpret Functional Vision Assessments.

Ophthalmologist – a medical doctor who specializes in the branch of medicine dealing with the structure, functions, and diseases of the eye and their correction.

Optometrist – in Tennessee, this licensed specialist can determine the degree of Visual Impairment, if any, and perform many of the same practices as an ophthalmologist, excluding surgery.

Psychiatrist – holds a license issued by the appropriate licensing board in the state in which the certification was approved. In Tennessee, the licensing agency is the Tennessee Board of Health Related Boards. The licensed psychiatrist holds a M.D. degree and has the ethical responsibility for determining if his/her areas of expertise include the diagnosis and certification of the given exceptionality.

Neurologist – a Tennessee Health Related Boards practitioner licensed to test and treat disorders and diseases of the central nervous system.

Occupational Therapist – a Tennessee Health Related Boards practitioner licensed to test and treat disabilities affecting perceptual, sensory, physiological, motor, or self-care ability.

Physical Therapist – a Tennessee Health Related Boards practitioner licensed to test and treat physical disabilities resulting from disease, injury, or developmental disabilities in areas that affect independence and functional mobility.

Psychologist – the licensed psychologist must hold a license issued by the appropriate licensing board in the state in which the child was determined disabled. In Tennessee, the licensing agency is The Tennessee Health Related Boards in Psychology. The licensed psychologist will hold the Psy.D, Ed.D, or Ph.D. degree. S/he must be competent to evaluate students for special education eligibility. The ability to administer tests does not in and of itself establish competence in evaluating exceptionalities or the potentially extensive needs of students.

Psychological Examiner – the licensed psychological examiner and licensed senior psychological examiner must also hold a license issued by the Tennessee Health Related Boards in Psychology. S/he will hold the M.A., M.S., M.Ed., Ed.S, Psy.D, Ed.D, or Ph.D. degree. The licensed (senior) psychological examiner must be competent to evaluate students in the suspected disability area. Prior to utilizing licensed personnel, it is important to consider the types of services to be delivered in relation to the person's training and experience.

School Psychologist – the school psychologist must be certified by the appropriate state agency in the state where a child was determined disabled. In

Tennessee, the appropriate state agency is the State Department of Education. The licensed school psychologist must hold the M.A., M.S., M.Ed., Ed.S, Psy.D, Ed.D, or Ph.D. degree. S/he must be competent to evaluate students in the suspected disability area.

Graduate Student in Psychology – an exception to the three specialists identified above (Psychologist, Psychological Examiner, and School Psychologist) is services provided by a graduate student under the immediate supervision of one of these three specialists. This student must meet the following requirements:

1. The student must be working toward licensure with the State Department of Education in School Psychology or enrolled in an internship leading toward licensure as a Psychologist or Psychological Examiner.
2. The student must have completed all course work necessary to participate in an internship from his/her university's program.
3. Services provided must be part of a recognized field experience supervised by the Psychology Training Program in which the student is enrolled.
4. The student must be under the immediate supervision of a State Department of Education licensed school psychologist, a licensed psychologist, or a licensed psychological examiner. This supervision must have the approval of the psychology program of the university in which the student is enrolled.

In addition to the student requirements listed above, the Psychology Training Program in which the student is enrolled must provide the Department of Education with a list of its graduate students who are providing psychological services to a school system. They must also provide documentation that the student meets the above requirements.

Speech-Language Pathologist (SLP), Speech-Language Therapist, or Speech-Language Teacher (SLT) – a specialist who diagnoses and facilitates the educational process by providing specific services to students with oral facial anomalies, voice disorders, neurogenic disorders, neuromuscular disorders, phonological/articulation disorders, language disorders, and fluency disorders.

REFERRAL, INITIAL EVALUATION, AND REEVALUATION

All procedures and requirements governing the referral, initial evaluation, and reevaluation of students with disabilities may be found on the Special Education website at <http://www.tennessee.gov/education/speced/serules> in sections 0520-1-9-.05 – 0520-1-9-.07 of the Rulemaking Hearing Rules of the State Board of Education.

DEFINITIONS

The following are definitions of the components of referral, evaluation, and determination of eligibility for special education as described in the above-referenced Rulemaking Hearing Rules of the State Board of Education:

"Evaluation" is the procedure used to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs. The term refers to procedures used selectively with an individual child and does not include basic tests administered to or procedures used with all children in a school, grade, or class.

"Evaluation/Reevaluation Report" is a summary of evaluation/ reevaluation results obtained in the process of collecting information to determine if the child is a child with a disability or continues to be a child with a disability. The report(s) will vary from student to student, depending upon the type of evaluation completed (i.e., psycho-educational evaluation, occupational or physical therapy evaluation, or speech-language evaluation, etc.). The evaluation/reevaluation report includes a summary of assessments and interpretation of those assessments.

"Reevaluation" is a re-determination of a child's eligibility for special education and related services by an IEP team. Reevaluations occur at least once every three (3) years, or more frequently if conditions warrant or if requested by the child's parent or teacher.

DETERMINATION OF ELIGIBILITY

When the evaluation or reevaluation has been completed, the child's IEP team must determine if the child is eligible for special education. A copy of the evaluation/reevaluation report and determination of eligibility (Eligibility Report) is provided to the parent at the time of this meeting. An IEP is developed for a

SECTION TWO: Chapter Five – Evaluation and Eligibility

student when it is determined that the child has a disability, and has demonstrated the need for special education and related services. A student may is not eligible for special education services if it is found that the determinant factor for eligibility is either lack of instruction in reading or math, or limited English proficiency.

Other requirements for determining eligibility for special education include the following:

- The student's assessment should include information from a variety of sources, including aptitude and achievement tests, parent input, teacher recommendations, physical condition, social or cultural background, and adaptive behavior.
- Information obtained from these sources should be documented and carefully considered.
- Determination of eligibility is made by the IEP team upon review of all components of the assessment.

U NDERSTANDING

D ISABILITY

S TANDARDS

Each of the Disability Definitions and Eligibility Standards are included with descriptive commentary. For ease of reading, the Approved Eligibility Standards are in **BOLD TYPE** and further descriptions of the standards are in *ITALICIZED TYPE*. The Approved Specific Eligibility Standards, Evaluation Procedures, and Evaluation Participants for each disability can be accessed on the special education website at <http://www.tennessee.gov/education/speced/seassessment>.

AUTISM

DEFINITION

- ♦ **“Autism” means a developmental disability, which significantly affects verbal and nonverbal communication and social interaction, generally evident before age three (3), that adversely affects a child’s educational performance. Other characteristics often associated with Autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experience. The term does not apply if a child’s educational performance is adversely affected primarily because the child has an Emotional Disturbance, as defined in this section.**
- ♦ **After age three (3), a child could be diagnosed as having Autism if the child manifests the above characteristics.**
- ♦ **The term of Autism also includes students who have been diagnosed with an Autism Spectrum Disorder such as Autism, Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS) or Asperger’s Syndrome when the child’s educational performance is adversely affected. Additionally, it may also include a diagnosis of a Pervasive Developmental Disorder such as Rett’s or Childhood Disintegrative Disorder. Autism may exist concurrently with other areas of disability.**

ELIGIBILITY STANDARDS

The following eligibility standards are required for eligibility as a student with Autism Spectrum Disorders.

- **Children with Autism demonstrate the following characteristics prior to age 3:**

Autism is a disorder of brain function that appears early in life and is usually diagnosed before the age of 3. The exact cause or causes of Autism is/are still not known but research shows that genetic factors are important. It is also evident from research that Autism is associated with a variety of conditions affecting brain development which occur before, during, or very soon after birth.

- **difficulty relating to others or interacting in a socially appropriate manner;**

Children with Autism have problems with appropriate social interaction. Social interaction deficits may cover a wide spectrum of response abilities including appropriate and socially accepted body language or movements (i.e., eye contact or gestures).

and

- **absence, disorder, or delay in verbal and/or nonverbal communication;**

Deficits in communication skills are characteristic in children with Autism. Pragmatic language and receptive/expressive language delays found in the Autism Spectrum Disorders may range from mild to severe.

and

- **one or more of the following:**

Two children, both with a diagnosis of Autism, can act very differently from one another. Identification of a child with Autism examines a wide continuum of associated cognitive and neurobiological disorders, including, but not limited to three core-defining features:

1. *impairments in socialization,*
2. *impairments in verbal and non-verbal communication, and*
3. *restricted and repetitive patterns of behaviors.*

- **insistence on sameness as evidenced by restricted play patterns, repetitive body movements, persistent or unusual preoccupations, and/or resistance to change;**

and/or

- **unusual or inconsistent responses to sensory stimuli, and**
Children with Autism exhibit deficits in imagination and frequently display narrow and repetitive patterns of behavior. Perseveration in body movements and persistent or unusual preoccupations are frequently accompanied by the student's difficulties in orienting or attending to social stimuli, diminished social gaze and impairments in the areas of shared attention and motor imitation. Autism is often referred to as a spectrum disorder, meaning the symptoms and characteristics can present themselves in a wide variety of combinations from mild to severe.

- **The characteristics as defined above are present and cause an adverse effect on educational performance in the classroom or learning environment.**

Aspects of Autism which may adversely affect educational performance may include difficulty with social interactions, difficulty in communication, need for routine and/or difficulty in adapting to change, and sensory sensitivity. Academic assessments may be used in addition to observations to determine the extent to which educational performance is affected.

D_{EAF}-B_{LINDNESS}

DEFINITION

- ♦ **“Deaf-Blindness” means concomitant Hearing and Visual Impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated by addressing any one of the impairments.**

ELIGIBILITY STANDARDS

The following eligibility standards are required for eligibility as a student with Deaf-Blindness.

- **A child shall meet one of the following:**
 - **a child who meets criteria for Hearing Impairment/Deafness and Visual Impairment/Blindness;**
 - or**
 - **a child who is diagnosed with a degenerative condition or syndrome which will lead to Deaf-Blindness, and whose present level of functioning is adversely affected by both hearing and vision deficits;**

or

a child with severe Multiple Disabilities due to generalized central nervous system dysfunction, and who exhibits auditory and Visual Impairments or deficits which are not perceptual in nature.

It may seem that Deaf-Blindness refers to a total inability to see or hear. In reality Deaf-Blindness is a condition in which the combination of hearing and visual losses in children cause such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with Deafness or children with Visual Impairment/Blindness or Multiple Disabilities. Deaf-Blindness is often accompanied by additional disabilities. Congenital health causes, such as maternal rubella, can also affect the heart and the brain. Some genetic syndromes or brain injuries that cause Deaf-Blindness may also cause cognitive disabilities and/or physical disabilities

- **The characteristics as defined above are present and cause an adverse effect on educational performance in the general education classroom or setting.**

Children who are eligible as Deaf-Blind are singled out educationally because impairments of sight and hearing require thoughtful and unique educational approaches in order to ensure that children with this disability have the opportunity to reach their full potential.

DEAFNESS/HEARING IMPAIRMENT

DEFINITIONS

- ♦ “Deafness” means a Hearing Impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child’s educational performance.
- ♦ “Hearing Impairment” means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but does not include Deafness.

ELIGIBILITY STANDARDS

The following eligibility standards are required for eligibility as a student with Deafness or a Hearing Impairment. The eligibility standards for Deafness and Hearing Impairment are the same. The difference in eligibility determination is based on severity of the student’s level of hearing loss. Standards specific to Hearing Impairment is inserted in brackets [] for clarification.

- **A child shall have one or more of the following characteristics:**
 - **inability to communicate effectively due to Deafness [due to a Hearing Impairment; or)**
A current audiological evaluation must be completed by a licensed audiologist or licensed physician. The IEP team determines if the audiological report provides sufficient information to make a determination of impairment. The audiological evaluation alone does not completely define the functional hearing of the student or the ability of the student to learn through the auditory or visual modalities. Not all students who are

deaf or hearing impaired with a similar audiological evaluation will function in the same manner even with amplification. The IEP team should review information about how the student uses his/her hearing in multiple settings and under various conditions (varied input complexity, various types of background noise and different modes of input), with and without amplification. The audiological evaluation should include information regarding the potential of the child to benefit from his/her hearing with or without hearing aids and/or assistive listening devices. The audiological evaluation should include, if appropriate, information on the potential for a progressive hearing loss. These students need audiological monitoring and are at risk for decreased hearing that can impact their educational performance.

- **inability to perform academically on a level commensurate with the expected level because of Deafness; and [because of a Hearing Impairment; or]**

Cumulative school records are the best way to obtain information about school history, although information from other sources, such as parents and classroom teachers is also helpful. Both formal and informal tests can be administered to obtain levels of educational performance. Teacher constructed tests which measure specific objectives, behavior incident reports, work samples, and language samples are excellent informal assessment tools. Formal education assessment can be accomplished with a variety of instruments, but most of these require adaptations for students who are deaf and hearing impaired such as adaptations in mode of communication and verbal directions.

- **delayed speech and/or language development due to Deafness [due to a Hearing Impairment].**

Most children enter school with a basic command of language, an extensive vocabulary, and the ability to process linguistic information. Schools design their curriculum to build on the existing language skills of typically developing children. Children who are deaf or hearing impaired seldom bring to school the same extensive language base as do children with normal hearing. Limited access to incidental learning through everyday opportunities for direct interaction with peers and adults inhibits the language development of these students. It is important for the IEP team to consider the student's academic potential along with his/her performance and how the impairment in hearing impacts the child's ability to develop language and literacy skills comparable to age level peers. If

the child demonstrates the characteristics of language delay typical of children with a Hearing Impairment, then the child may be a child with an impairment in hearing and in need of special education. If identification of a delay and remediation occur early so that the child can develop a strong language base, the child is more likely to participate fully in the general curriculum at grade level.

Speech perception and production are dependent on the ability to hear and decode the acoustic information in speech. Most students with impairment in hearing will know that someone is speaking, but the message will be distorted or diminished such that the listener misses the acoustic cues. Often this will result in the student not knowing or trusting whether what was said was what was intended. During group situations, such as class discussion, or in noisy situations such as small group activities, these students may not be able to follow the dialogue, grasp the main points, or learn new concepts and vocabulary. This in turn leads to delays in language and curricular knowledge and use. It can also impact a student's confidence in participating in discussion or verbal exchange. Common behavioral indicators of frustration are acting-out or withdrawal. A speech and language evaluation should be part of the evaluation for children being evaluated for Deafness or Hearing Impairment. A licensed speech-language teacher or specialist should conduct the speech language assessment.

- **The characteristics as defined above are present and cause an adverse effect on educational performance in the general education classroom or learning environment, including academic performance, speech and/or language development or communications skills.**

The most common impact of Deafness or Hearing Impairment on academics is in the area of reading and literacy skills. Successful reading depends on multiple factors including general word knowledge, effective decoding skills, and experience with print. Writing is dependent on good reading skills. Literacy competency is the center of educational and academic success. Students who are deaf and those who are hearing impaired are challenged in this academic area, often developing independent reading skills several grades below non-disabled peers. Likewise, language is the heart of human development. Language connects us to information and to each other. Students with Hearing Impairments have gaps in basic language skills in everyday conversation and in academic language. Deafness or Hearing Impairment impacts the student's language development in many ways. The

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inability to hear everyday conversation impedes a child's opportunity for incidental learning and vocabulary development. Mild hearing loss or a unilateral hearing loss can adversely affect a student's academic development significantly enough to require special education and related services in order to meet his/her educational needs.

D EVELOPMENTAL **D** ELAY

DEFINITION

- ◆ **Developmental Delay refers to a child aged three (3) through nine (9) who is experiencing delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical, cognitive, communication, social or emotional, or adaptive development that adversely affects a child's educational performance. Other disability categories should be used if they are more descriptive of a young child's strengths and needs. Local school systems have the option of using Developmental Delay as a disability category.**

ELIGIBILITY STANDARDS

The following eligibility standards are required for eligibility as a student with Developmental Delay.

- **A child is evaluated through an appropriate multi-measure diagnostic procedure, administered by a multi-disciplinary assessment team in all of the following areas (not only areas of suspected delays):**

Assessment is required in all five of the domain areas considered for Developmental Delay.

- **physical development which includes fine and gross motor skills combined,**

This domain is a combined measure of the child's ability to use small and large muscles effectively.

- **cognitive development,**

This domain addresses the child's ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly, and learn from experience.

- **communication development which includes receptive and expressive language skills combined,**

This domain is a combined measure of the child's ability to use and comprehend language effectively and includes skills in receptive and expressive language. This includes evaluation of understanding vocabulary, recognition of basic linguistic concepts, and understanding sentence meaning when using a variety of word and phrase structures in varying lengths. In addition, pragmatics or the understanding of social language as well as many other areas of receptive and expressive language are considered. The assessment of expressive language skills may include evaluation of spoken vocabulary, appropriate use of rules for words, phrases and clauses when forming sentences, and using language in communicative interactions in social situations.

- **social/emotional development,**

The ability to develop and maintain interpersonal relationships and to demonstrate age-appropriate social and emotional behaviors are core to the evaluation of this domain.

and

- **adaptive development.**

Adaptive behavior includes the ability to engage in age appropriate activities in daily life skills. Adaptive behavior is the collection of conceptual, social, and practical skills that people have learned so they can function in their everyday lives. Significant limitations in adaptive behavior impact a person's daily life and affect the ability to respond to a particular situation or to the environment.

- **A child shall demonstrate a significant delay in one or more of the above areas which is documented by:**

- **performance on a standardized developmental evaluation instrument which yields 1.5 standard deviations below the mean, or 25% delay based on chronological age in two or more of the developmental areas; or**

Assessment instruments report performance based on the standardization of that instrument. Standard deviation scores are units of statistical measurement that compare the student's performance on that scale to same-age peers. When results from an individualized assessment instrument are not reported through standard scores, "percent delay" may be computed. A 25% delay is an approximate correlation to "1.5 standard deviations below the mean" and may be used for estimating the significance of the domain delay.

- **performance on a standardized developmental evaluation instrument which yields 2.0 standard deviations below the mean or 40% delay based on chronological age in one of the developmental areas;**

A 40% delay is an approximate correlation to 2.0 standard deviations below the mean on a standardized test, and may be used for estimating the significance of the domain delay.

- **When one area is determined to be deficient by 40% or more, the existence of other disability categories that are more descriptive of the child's learning style shall be ruled out.**

When the results of the assessment yield a single deficit area of 2.0 standard deviations below the mean (40% delay), the IEP team should carefully review all assessment data and gather additional information, if necessary, before the determination of eligibility is made. Eligibility determination should be made in the area most descriptive of the student's disability manifested in his/her inability to progress within the general education curriculum. When data from the assessment clearly supports another more descriptive disability, further consideration should be taken before a final eligibility determination is made. Other disability categories should be used if they are more descriptive of a young child's strengths and needs.

- **Initial eligibility as Developmental Delay shall be determined before the child's seventh birthday.**

A child must initially be determined as eligible for special education in the category of Developmental Delay before his or her seventh birthday.

- **Continued eligibility as developmentally delayed after the child's seventh birthday shall be determined through an appropriate multi-measure diagnostic procedure, which includes a comprehensive psycho-educational assessment.**

When a student identified with Developmental Delay is reevaluated (required at least every three years), a comprehensive assessment of academic skills and aptitude is required. This includes administration of an individual, standardized, multi-factored test of intelligence and an individual assessment of academic achievement using a standardized instrument. Academics cannot be used as a component of Developmental Delay, but must be assessed for school-aged children in order to consider the presence of another area of disability. The IEP team may determine continued eligibility in the area of Developmental Delay after careful consideration of all required information. A child may not be eligible for services in this category after his/her 10th birthday.

- **The characteristics as defined above are present and cause an adverse effect on educational performance in the classroom or learning environment.**

Considerations of 'adverse effects' of a child identified with Developmental Delay include the extent the documented delays impede the child's ability to progress in his/her environment; the extent the child has mastered developmental tasks; the extent the child has access to appropriate activities and peers in any environment; the uniqueness of the child from other children his/her age and; the child's sources of encouragement in his/her environment.

E_{MOTIONAL} **D**_{ISTURBANCE}

DEFINITION

- ♦ **“Emotional Disturbance” means a child or youth who exhibits one (1) or more of the characteristics as listed in the state adopted eligibility criteria over a long period of time and to a marked degree that adversely affects a child’s educational performance.**
- ♦ **The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have an Emotional Disturbance.**

ELIGIBILITY STANDARDS

The following eligibility standards are required for eligibility as a student with Emotional Disturbance.

- **A child shall manifest to a marked degree and over an extended period of time (during which time documentation of informal assessments and interventions are occurring) one or more of the following characteristics:**

Most children exhibit inappropriate behavior at some point in time. The difference between typical inappropriate displays of behavior and those that are considered patterns associated with Emotional Disturbance is in severity and duration. The importance of this standard is to document that the inappropriate behavior occurs “to a marked degree and over an extended period of time.” An extended period of time is not defined in this standard, as time intervals typically required to gauge behavior patterns will differ based on the severity of the behavior displayed, the rarity/oddness of the behavior and

the events immediately preceding the behavioral occurrences. Note that documentation of “informal assessments and interventions” must occur during this time period. Thus, teacher(s) must document and chart the progress of a student’s behavior pattern, including the antecedents to the behavior, as well as the consequences that result from performance of the behavior. Interventions must be attempted not only in an attempt to improve the behavioral skills of the student, but also to ensure that the behavior pattern is one that is not accommodated by the standard interventions.

- **inability to learn which cannot be explained by limited school experience, cultural differences, or inadequate intellectual, sensory, or health factors;**

This standard requires that each exclusionary factor be considered carefully, with appropriate evidence gathered to document that these factors are not the primary cause for the student’s failure to progress in the curriculum. The IEP team must also consider such factors as attendance, school transfers, quality of instruction, and cultural differences in expected/exhibited behavior patterns among others.

- **inability to build or maintain satisfactory interpersonal relationships with peers and school personnel;**

This standard requires evidence of the child’s extreme difficulties in forming or maintaining relationships with peers and school personnel, such as teachers, administrators, bus drivers, and aides among other persons. The apparent lack of successful relationships may be due to the child’s inappropriate behavior, lack of social skills, lack of understanding the context of the situation, or misperception of the situation and intentions of others.

- **inappropriate types of behavior or feelings when no major or unusual stressors are evident;**

There must be evidence that the child displays behaviors that are not typical when compared to his/her peer group. Examples would include excessive crying, tantrum behavior, a persistent mood of irritability or unhappiness, or aggressive behaviors. It is important to note that these behaviors are considered symptomatic of an Emotional Disturbance only if they occur in the absence of an unusual stressor, such as death of a loved one, extreme poverty, and abuse among others.

- **general pervasive mood of unhappiness or depression;**

This standard states that the child's general affective state must appear depressed across all situations. "Pervasive" moods suggest the mood will be present throughout or permeate all situations or events. Members of the IEP team must be careful to consider the age-related effects of behavioral manifestation of depression. For example, young children who are depressed may appear irritable and/or aggressive and do not mimic the signs of depression that appear in adults. Caution must also be used to consider both vegetative and nonvegetative symptoms associated with depressed mood.

and

- **tendency to develop physical symptoms or fears associated with personal or school problems.**

The development of physical symptoms associated with life difficulties in the home or school environment may include complaints of headaches, nausea, or general body aches when faced with the possibility of interacting with the "problem." Fears displayed may include fear that harm will occur to self or others as a result of participating in the situation, fear of failure regardless of effort extended, or fear of being teased or laughed at as a result of attempts. The physical symptoms will lack evidence of being caused by a general medical condition. It is imperative that the IEP team consider medical basis for the symptoms before ruling it out.

- **The term may include other mental health diagnoses. The term does not apply to children who are socially maladjusted, unless it is determined that they have an Emotional Disturbance. Social maladjustment includes, but is not limited to, substance abuse related behaviors, gang-related behaviors, oppositional defiant behaviors, and/or conduct behavior problems.**

This standard covers a broad territory, including bipolar disorder. The IEP team will need to consider relevant information from mental health professionals who may have diagnosed the child and decide if the child meets the criteria for Emotional Disturbance and would benefit from special education services.

- **The characteristics as defined above are present and cause an adverse effect on educational performance in the learning environment.**

The IEP team must be careful to review all possible adverse effects on progress in the general curriculum such as social skills limitations, depressed/anxious mood, irritability, behavior disturbances and/or excessive absenteeism or tardiness. All of these emotional difficulties and their social, emotional, or behavioral manifestations can have an impact on a child's educational performance and must be considered when determining if "adverse" effects are present.

F UNCTIONALLY D ELAYED

DEFINITION

- ♦ “Functionally Delayed” means a child who has or develops a continuing disability in intellectual functioning and achievement which significantly affects the ability to think and/or act in the general school program, but who is functioning socially at or near a level appropriate to his/her chronological age.

ELIGIBILITY STANDARDS

The following eligibility standards are required for eligibility as a student with Functional Delay.

- A child shall meet all of the following:
 - significantly impaired intellectual functioning which is two or more standard deviations below the mean, with consideration given to the standard error of measurement for the test at the 68th percent confidence level, on an individually administered, standardized measure of intelligence;

The Functionally Delayed standard for obtained intelligence level is the same as that for Mental Retardation. A child must have a standard score of two standard deviations below the mean on at least one individually administered intelligence test developed to assess intellectual functioning. A score that is two standard deviations or more below the mean or average score based on standardization of the normative population falls at approximately the 2nd percentile. Approximately two percent of that student's same-age peers would obtain a score on that test falling at or below the student's obtained score.

Interpretation of evaluation results shall take into account factors that may affect test performance including:

- **limited English proficiency**
- **cultural background and differences**
- **medical conditions that impact school performance**
- **socioeconomic status**
- **communication, sensory or motor disabilities**

Difficulties in these areas cannot be the primary reason for significantly impaired scores on measures of intellectual functioning;

Similarly to Mental Retardation, Functionally Delayed is characterized by limitations in measured or obtained intelligence. A distinguishing difference in the two disability categories is that the student's adaptive skills do not fall in the Mental Retardation range and may measure within average limits. Assessment specialists must be careful when interpreting evaluation results and considering the possibility of lower test results as a result of cultural; socioeconomic; communication, sensory, or motor disabilities; and limited English proficiency. The impact of any one of these factors may cause a student's intelligence score to be reported lower than actual ability level.

- **deficient academic achievement which is at or below the fourth percentile in two or more total or composite scores in the following areas:**
 - **basic reading skills** – *underlie the ability to recognize and analyze the words that comprise sentences and passages and include letter identification, sound/symbol correspondence, word identification (decoding and sight vocabulary), and reading fluency (rate and accuracy).*

- **reading comprehension** – *defined as a hierarchic sequence of skills with different levels of comprehension ranging from literal to interpretive to critical and includes literal comprehension (the ability to outline or paraphrase), interpretive comprehension (the ability to draw conclusions or find the main idea), and critical comprehension (the ability to make judgments about the passage that was read).*
- **mathematics calculation** – *involve a wide range of computational operations including basic operations (calculation and computation), working with fractions and decimals, algebraic equations, and math fluency (automaticity with tables and mathematical procedures).*
- **mathematics reasoning** – *requires the solution of problems with missing number facts or applies mathematical concepts to the solution of problems, including recognition and application of common measurement units, problem-solving tasks found in word or story problems, ability to read graphs and tables, solution of money problems, and the ability to use temporal concepts.*
- **written expression** – *comprised of skills and abilities in all areas of language arts and is considered the most complex form of human communication. Basic skills to be considered when assessing written expression include formation of letters, words, numerals and sentences in a legible manner, generating sufficient meaningful sentences to express one's thoughts, feelings and opinions adequately, writing in compliance with accepted standards of style (punctuation, capitalization and spelling), using acceptable English syntactic, morphological and semantic elements, and expressing ideas, opinions and thoughts in creative and mature ways as appropriate for the developmental age and measured intellectual abilities.*
- **home or school adaptive behavior which is not significantly impaired, or does not fall within Mental Retardation range.**
Adaptive behavior is the collection of conceptual, social, and practical skills that people have learned so they can function in their everyday lives. Although students identified as Functionally Delayed may score significantly low on intelligence/cognitive evaluations and academic achievement tests, their adaptive behavior skills are not significantly low.

The limitations in adaptive behavior that impact a person's daily life and affect the ability to respond to a particular situation or to the environment are not significant and usually are not evident in the student's environment outside of the school setting.

- **The characteristics as defined above are present and cause an adverse effect on educational performance in the classroom or learning environment.**

It must be documented that the student's Functional Delay has adversely affected his/her ability to progress within the general education curriculum or classroom. This information is gathered during the assessment and the IEP team makes final eligibility determination. Functionally Delayed is a unique disability category recognized by the Tennessee State Board of Education. This category was developed to serve the needs of students who are shown to have significantly impaired intellectual functioning that adversely affects their academic achievement, but cannot be classified as Mentally Retarded because their home or school adaptive behavior is not significantly impaired.

INTELLECTUALLY GIFTED

DEFINITION

- ♦ **Intellectually Gifted refers to having intellectual abilities and potential for achievement so outstanding that special provisions are required to meet the child's educational needs.**

ELIGIBILITY STANDARDS

Note: Specific requirements for meeting eligibility standards as Intellectually Gifted are discussed in detail in the Guidelines – Intellectually Gifted Manual located on the Special Education website:

<http://www.tennessee.gov/education/speced/seassessment/>

- **Evaluation of Intellectually Gifted shall include:**
 - **assessment through a multi-modal identification process, wherein no singular mechanism, criterion or cut-off score is used for determination of eligibility;**

This requirement provides for a total profile of the student through the use of a multi-modal identification process. Due to social, environmental, sensory and physical factors, many students will exhibit extremely diverse characteristics of Intellectual Giftedness. Recognition of this diversity and assessment of these characteristics through multiple assessment modalities provide a global picture of the student. Use of a single cut-off score (i.e., intelligence or a percentile score in academic achievement) prevents the identification of Intellectually Gifted students who may demonstrate these characteristics in unusual or divergent ways.

and

- **evaluation and assessment of the following components:**
 - **academic achievement** – *scores reported from standardized tests (group or individual) that indicate attainment in scholastic areas.*
 - **academic performance** – *the degree to which a student initiates and/or completes academic challenges.*
 - **creative thinking** – *demonstration of fluent, flexible, elaborate, or original thinking and/or production related to scholastic areas.*

and

- **cognition or intelligence** – *the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly, and learn from experience.*

The assessment components and eligibility requirements help ensure equity in the identification of students as Intellectually Gifted. Each of these component areas is required in the evaluation process. Assessment results obtained from measurement of each of these components provide information for the IEP team when considering eligibility, as well as guidance for appropriate goals and objectives for students found to be eligible as Intellectually Gifted.

- **Eligibility for an individual child is based on analysis of this information. The screening and comprehensive assessment results must meet specific eligibility standards based on multiple criteria and multiple assessment measures.**

This requirement assures that no one identifying factor or component will eliminate a child from consideration for evaluation or from receiving services for the child who has been identified as Intellectually Gifted.

- **The standards for Intellectually Gifted are present and cause an adverse effect on educational performance in the general education curriculum or learning environment.**

When considering these assessment findings, the IEP team must consider the extent to which the student's Intellectual Giftedness causes an adverse effect on his/her ability to progress within the general education curriculum. In addition to assessment results, it is important to be familiar with the characteristics of students who are Intellectually Gifted, including the concomitant problems that may be manifested due to the student's Intellectual Giftedness.

M_{ENTAL} R_{ETARDATION}

DEFINITION

- ♦ “Mental Retardation” means substantial limitations in present levels of functioning that adversely affect a child’s educational performance. It is characterized by significantly impaired intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

ELIGIBILITY STANDARDS

- A child shall meet all of the following:
 - significantly impaired intellectual functioning, which is two or more standard deviations below the mean, with consideration given to the standard error of measurement for the test at the 68th percent confidence level, on an individually administered, standardized measure of intelligence.

To meet the eligibility standard under this component a child must have a standard score of two standard deviations below the mean on at least one individually administered intelligence test developed to assess intellectual functioning. A score that is two standard deviations or more below the mean or average score based on standardization of the normative population falls at approximately the 2nd percentile. Approximately two percent of that student’s same-age peers would obtain a score on that test falling at or below the student’s obtained score.

Interpretation of evaluation results shall take into account factors that may affect test performance, including:

- **limited English proficiency;**
- **cultural background and differences;**
- **medical conditions that impact school performance;**
- **socioeconomic status;**
- **communication, sensory or motor disabilities.**

Difficulties in these areas cannot be the primary reason for significantly impaired scores on measures of intellectual functioning. *Mental Retardation is characterized by limitation in both intelligence and adaptive skills. Mental Retardation reflects problems with the "fit" between the capabilities of individuals and the structure and expectations of their environment. Intelligence refers to general mental capability involving the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly, and learn from experience. Although not perfect, intelligence is represented by Intelligent Quotient (IQ) scores obtained through standardized tests given by a trained professional. (AAMR, 2002).*

and

- **significantly impaired adaptive behavior in the home or community as determined by:**
 - **a composite score on an individual standardized instrument to be completed with or by the child's principal caretaker which measures two standard deviations or more below the mean. Standard scores shall be used. A composite age equivalent score that represents a 50% delay based on chronological age can be used only if the instrument fails to provide a composite standard score.**

A composite score on an individual standardized instrument to be completed with or by the child's principal caretaker which measures two standard deviations or more below the mean. Standard scores shall be used. A composite age equivalent score that represents a 50 percent delay based on chronological age can be used only if the instrument fails to provide a composite standard score.

- **A composite score two or more standard deviations below the mean cannot be primarily the result of:**
 - ✓ **limited English proficiency;**
 - ✓ **cultural background and differences;**
 - ✓ **medical conditions that impact school performance;**
 - ✓ **socioeconomic status; or**
 - ✓ **communication, sensory or motor disabilities;**

and

- **additional documentation, when appropriate, which may be obtained from systematic documented observations, impressions, developmental history by an appropriate specialist in conjunction with the principal caretaker in the home, community, residential program or institutional setting; and**
- **significantly impaired adaptive behavior in the school, daycare center, residence, or program as determined by:**
 - **systematic documented observations by an appropriate specialist, which compare the child with other children of his/her chronological age group. Observations shall address age-appropriate adaptive behaviors. Adaptive behaviors to be observed in each age range are to include:**

- ✓ birth – 6 years—communication, self-care, social skills, and physical development;
- ✓ 6 – 13 years—communication, self-care, social skills, home living, community use, self-direction, health and safety, functional academics, and leisure;
- ✓ 14 – 21 years—communication, self-care, social skills, home-living, community use, self-direction, health and safety, functional academics, leisure, and work;

and

- when appropriate, an individual standardized instrument may be completed with the principal teacher of the child. A composite score on this instrument shall measure two standard deviations or more below the mean. Standard scores shall be used. A composite age equivalent score that represents a 50% delay based on chronological age can be used only if the instrument fails to provide a composite standard score. A composite score two or more standard deviations below the mean cannot be primarily the result of :

- ✓ limited English proficiency;
- ✓ cultural background and differences;
- ✓ medical conditions that impact school performance;
- ✓ socioeconomic status; or
- ✓ communication, sensory or motor disabilities.

Adaptive behavior is the collection of conceptual, social, and practical skills that people have learned so they can function in their everyday lives. Significant limitations in adaptive behavior impact a person's daily life and affect the ability to respond to a particular situation or to the environment. Limitations in adaptive behavior are determined by using standardized tests that are normed on the general population including people with disabilities and people

without disabilities. Significant limitations in adaptive behavior are operationally defined as performance that is at least 2 standard deviations below the mean of either (a) one of the following three types of adaptive behavior: conceptual, social, or practical, or (b) an overall score on a standardized measure of conceptual, social, and practical skills (AAMR, 2002).

and

- **Developmental history (birth to age 18) indicates delays in cognitive/intellectual abilities and a current demonstration of delays is present in child's' natural (home and school) environment;**

Mental Retardation is defined as a particular state of functioning that begins in childhood. The cognitive and adaptive delays observed and evaluated must be evident in both home and school settings.

and

- **The characteristics as defined above are present and cause an adverse effect on educational performance in the general education classroom or learning environment.**

All characteristics listed in the eligibility standards must be present and documentation of how the student's disability affects his/her performance in his/her educational environment is documented from the results of the assessment.

MULTIPLE DISABILITIES

DEFINITION

- ♦ **“Multiple Disabilities” means concomitant impairments (such as Mental Retardation-Blindness, Mental Retardation-Orthopedic Impairment), the combination of which causes such severe educational needs that they cannot be accommodated by addressing only one of the impairments. The term does not include Deaf-Blindness.**

ELIGIBILITY STANDARDS

The following eligibility standards are required for eligibility as a student with Multiple Disabilities.

- **A child shall have the following two characteristics:**
 - **meet the standards for two or more identified disabilities**
To be categorized as having Multiple Disabilities, students must have two or more documented disabilities.

and

- **be unable to benefit from services and supports designed for only one of the disabilities, as determined to be primary or secondary disabilities by the IEP team.**
The combined disabilities significantly impact the developmental and educational programming in such a way that the student cannot benefit

from special education services that primarily serve one area of the disability.

- **Children who are classified multiple disabled shall**
 - **have a combination of two or more disabilities, the nature of the combination of disabilities requiring significant developmental and educational programming that cannot be accommodated with special education services that primarily serve one area of the disability.**
Services and programming typically provided for any one of the identified disabilities are insufficient when considering the aggregate or combined needs of the student with Multiple Disabilities.

ORTHOPEDIC IMPAIRMENT

DEFINITION

- ♦ “Orthopedic/Physical Impairment” means a severe Orthopedic Impairment that adversely affects a child’s educational performance. The term includes impairments caused by congenital anomaly (e.g. club foot, absence of some member), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns that cause contractures).

ELIGIBILITY STANDARDS

The following eligibility standards are required for eligibility as a student with Orthopedic Impairment (formerly referred to as Physical Impairment).

- **A child shall meet all of the following:**
 - **Orthopedic Impairment;**
Orthopedic Impairment results in deficits in quality, speed, or accuracy of movement. Students with Orthopedic Impairments require a wide range of specialized and integrated services in order to benefit from a school program due to the impact of the Orthopedic Impairment on their developmental progress or educational performance. When the child is age three through the age of eligibility for kindergarten the Orthopedic Impairment has a significant impact on the child’s developmental progress. The Orthopedic Impairment can significantly impact the educational performance of students who are at the age of eligibility for kindergarten (age 5) and continuing through graduation.

The term Orthopedic Impairment may include:

- 1) impairment caused by congenital anomalies (e.g. deformity or absence of some member),*
- 2) impairment caused by disease (e.g. poliomyelitis or bone tuberculosis),*
- 3) impairment from other causes (e.g. cerebral palsy, amputations and fractures or burns that cause contractions).*

Another way of examining students with an Orthopedic Impairment is by categorizing these disabilities into:

- a) neuromotor impairments (e.g., cerebral palsy, spina bifida, spinal cord injuries) – Students with neuromotor impairments often have additional disabilities (e.g. Visual Impairments, Speech/Language Impairments) that often result in adaptations to accommodate for the physical disability as well as further modifications to accommodate for secondary disabilities.*
- b) degenerative diseases (e.g. muscular dystrophy) – Students with degenerative diseases often require ongoing assessment to meet changing modifications that are needed as physical status declines. Also, students with degenerative diseases may have the added emotional stress of a terminal illness that may need to be addressed.*
- c) orthopedic and musculoskeletal disorders (e.g. limb deficiency and arthrogryposis) – Students with orthopedic and muscular disorders often have only a singular disability but may require adaptations and assistive technology to gain access to the general education curriculum.*

and

- **demonstration of adverse effects on educational performance in the general education classroom and/or, educational environment;**

Orthopedic Impairment can severely impact the child's developmental progress or educational performance in the educational environment. Some adverse effects are:

- 1) **Restricted language** – Students who have severe Speech Impairments with their Orthopedic Impairment can be affected academically or developmentally by being unable to fully communicate (i.e., express or*

understand language). These children may not be able to ask questions, share ideas, ask for clarification and/or fully participate in the learning activity.

- 2) Individual factors – Students may have several individual factors occurring as part of their Orthopedic Impairments that affect education performance or developmental progress. Some of these include hearing and vision problems, pain and discomfort, fatigue and endurance problems and problems associated with effects of medications. Absenteeism may be high due to medical complications. Students with Orthopedic Impairments may have difficulties with memory, paying attention, and/or grasping and understanding content (e.g., reading and math).*
- 3) Psychological factors – If the child has cognitive or learning issues, this will affect performance and progress. Some students may have motivational issues such as learned helplessness or depression, which will also have an impact. A poor self concept and poor self advocacy skills may affect educational performance or developmental progress. Orthopedic Impairments can have profound effects on a student's social and emotional development.*

and

- **demonstration of adverse effects on access to learning environment.**
Orthopedic Impairment can severely impact the developmental or educational functioning of the student in the learning environment. When considering adverse effects, the IEP team must evaluate whether the student identified with Orthopedic Impairment can be accommodated in the general education curriculum with accommodations or modifications, or the student demonstrates need for special education services in order to accommodate these needs. Adverse effects for students with Orthopedic Impairments may be demonstrated by lack of arm/hand usage, resulting in such problems as the inability to explore items, to use writing tools, turn pages of a book, eat, toilet, dress, and groom. Students may have difficulty sitting independently in seats and maintaining personal items. Mobility issues may restrict participation in activities and movement from one location to another. Orientation and mobility skills such as getting off and on the bus independently and walking through school hallways easily and without getting lost may be compromised. A number of people have poor understanding of Orthopedic Impairments. They may have very low expectations for students with Orthopedic Impairments.

When this is the case the student may not be given adequate opportunities to access the learning environment. Students may have limited opportunities to access classrooms, assembly rooms, the gym, lunchroom and the art room, the cafeteria, halls, playgrounds, restrooms and other relevant settings within the environment. Students transitioning from school to adult life may not have had appropriate opportunities to access community environments, goods and products, and the community transit system. Such limited experiences may well compromise the student's opportunities to progress developmentally and perform educationally.

Examples of Orthopedic Impairments include:

Arthritis (Juvenile) –affects the child's joints. The joints are inflamed, stiff and painful as a result of the inflammation. The pain and stiffness caused by arthritis results in the student moving very slowly. The child with juvenile arthritis may be somewhat fearful. All joints can be affected by the arthritis. Children with arthritis may have poor posture or deformities. The pain level and stiffness may vary from morning to afternoon. As a result of the child's varying abilities and level of pain, his/her behavior and moods may also vary.

Arthrogryposis – is a term used to refer to multiple congenital contractures (a shortening of a muscle so that motion is limited). When infants are born with arthrogryposis, they have multiple contractures in which many joints are fixed in extension (straight) or flexion (bent). After multiple surgeries and treatments, some children may gain the ability to walk, but continue to have limited hand and arm usage.

Cerebral Palsy – refers to a variety of nonprogressive disorders of voluntary movement or posture that is caused by malfunctioning of or damage to the brain occurring before birth, during birth, or within the first few years of life. Students with cerebral palsy typically have abnormal and uncoordinated motor movements, ranging from very mild (e.g., walks with a little difficulty) to very severe (e.g., unable to walk, talk, eat without assistance, or pick up an item). Even though cerebral palsy does not progress, the symptoms may get worse. Movement may become more inhibited over time, for example. Often other disorders are present such as seizures and Visual Impairments.

Limb Deficiencies – refer to any number of skeletal problems in which one or more of the limbs (arms and legs) are missing or malformed.

Muscular Dystrophy – involves the deterioration and wasting away of muscle tissue on the outside of the body frame. The deterioration usually begins at the shoulders and hips and progresses out to the hands and feet. Children usually walk until about age 8 or 9 years when weakness requires them to use a wheelchair. Duchenne’s muscular dystrophy is the most common type. Children (usually boys) with this type of muscular dystrophy have an average life span of 14 to 18 years. There are other types of muscular dystrophy that do not progress in the same manner, but do result in muscle weakness to varying degrees.

Osteogenesis Imperfecta (Brittle Bone Disease) – Students with this Orthopedic Impairment have bones that are very brittle and break easily. Their bones may break with only minimal stress or pressure. These students will probably have numerous broken bones before beginning school as kindergartners. Some of the students’ bones will begin to harden when they reach puberty. Because of all the broken bones, these students may have some deformities. They will probably be smaller than their same-age peers.

Spina Bifida (myleomeningocele type) – is a birth defect in which the neural tube (that forms the brain and spinal cord) does not completely close during the first 28 days of gestation, resulting in damage to part of the spinal cord. Characteristics depend upon the level of the incomplete closure and associated conditions (e.g. hydrocephalus). Children often require a walker, crutches or a wheelchair. Learning problems may be present such as visual perceptual deficits and organizational problems. Some students have language abnormalities that give false impression of their cognitive level (e.g., ‘canned’ speech patterns or colloquialisms).

Spinal Cord Injury – refers to damage to the spinal cord that can be caused by a wide range of disorders and traumatic events. Typically there is impaired or no sensation and movement below the level of injury. Depending on the location and severity of the injury, the child may have symptoms ranging from weakness of a limb (e.g., leg) to paralysis of all parts of the body below the neck. Both spina bifida and spinal cord injuries result in partial or complete paralysis of the muscles of the trunk or legs. If only the legs are paralyzed, the term used to describe the condition is paraplegia. If the arms are also affected, the term used is quadriplegia (all four limbs). The limbs that are paralyzed may be very floppy or they may be very stiff.

OTHER HEALTH IMPAIRMENT

DEFINITION

- ♦ **“Other Health Impairment” means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, attention-deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia; and adversely affects a child’s educational performance.**

ELIGIBILITY STANDARDS

The following eligibility standards are required for eligibility as a student with Other Health Impairment.

- **A child is Other Health Impaired who has chronic or acute health problems that indicate a need for special education participation due to:**
This standard has two important terms: (1) chronic, which means the health concern has a prolonged duration and/or manifests itself in a constant and continuing manner; and (2) acute, which means the health concern reaches a crisis stage rapidly. Thus, both students with attention deficit difficulties (chronic) and those with multiple sclerosis (acute) would qualify for special education services if the following areas are impacted.
 - **impaired organizational or work skills;**
This standard requires an impairment in organizational or work skills manifested by an inability to systematically plan for the completion of upcoming projects or assignments, inability to order or structure information

into a meaningful whole, and/or inability to complete a task in a timely manner. The IEP team must consider the child's organizational and work skills in comparison to his/her age peers or his/her previous skill levels to determine if an impairment exists.

- **inability to manage or complete tasks;**

Many children require guidance as to appropriate steps to take to complete a task. However, a child with Other Health Impairment may be unable to manage or complete the assigned task(s) even after such guidance is given due to excessive distractibility, inability to organize the components of the task(s) into an orderly whole, excessive activity levels that interfere with his/her ability to consistently work on a task, and difficulty maintaining a focused level of attention to the task(s). The IEP team must be cautious in discriminating an "inability" from a lack of motivation to complete a task.

- **difficulty interacting with others;**

This standard requires that the child interact with others in an uncomfortable or inappropriate manner, or avoids interactions completely due to their lack of successful interactions. This difficulty interacting with others could be due to the following: impulsive behaviors that cause others concern and are seen as dangerous; unexplained shifts in conversations where the listener does not easily follow the speaker's thought process; an inability to actively attend to another person; an excessive level of activity that is perceived as overstimulation/overexcitability; excessive absences from school due to the needs from health concerns, and/or; an emphasis on the health concern.

- **excessive health related absenteeism; or**

This standard requires that the student miss an "excessive" number of days from school or work that is attributed to caring for their health. Although "excessive" is not defined within the standards, one must look at the total number of health-related absences in relation to total number of days present and days missed that are not attributed to the health concern. The IEP team must be careful to consider only those absences that are "health related" when applying this standard.

- **medications that affect cognitive functioning.**

Several medications are utilized in treatment that may affect cognitive functioning by impairing one's judgment, memory ability, problem-solving ability, and processing speed. The IEP team must become familiar with possible side-effects of the medications taken by a child by collaborating with a medical professional or by consulting medical literature to determine the possible side-effects of the prescribed medication. The IEP team should make every effort to gain a working knowledge of the effects of the medication prescribed and how it may impact the child's ability to function within the academic environment.

- **The characteristics as defined above are present and cause an adverse effect on educational performance in the general education classroom or learning environment.**

A student may be making passing grades within the curriculum, but these grades are not reflective of his/her true ability level and are hampered by the manifestation of a health-related difficulty (e.g., attention difficulties, chronic illness, etc.). The IEP team must be careful to review other possible adverse effects on educational performance, such as social skills limitations, physical pain, depressed/anxious mood, irritability, behavior disturbances and/or excessive absenteeism or tardiness. All of these difficulties and their social, emotional, or behavioral manifestations can have an impact on a child's educational performance and must be considered when determining if "adverse" effects are present.

SPECIFIC **L**EARNING **D**ISABILITIES

DEFINITION

- ♦ “Specific Learning Disability” means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations including conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.
- ♦ Disorders not included. The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of Mental Retardation, of Emotional Disturbance, or of environmental, cultural, or economic disadvantage.

ELIGIBILITY STANDARDS

- In order to identify and be determined as eligible for Special Education Services as a child with a Specific Learning Disability, the IEP team shall document that the following standards have been met.
 - The child shall demonstrate a continued lack of progress when provided with appropriate instruction in the suspected area of disability. There shall be documented evidence which indicates that effective general education interventions and strategies have been attempted over a reasonable period of time.

It is important for IEP teams to carefully examine all documentation and determine that the strategies and interventions were both “effective” and

“attempted over a reasonable period of time.” “Reasonable” is not defined in this standard, as time intervals typically required for the acquisition of academic skills vary and are relative to the skill(s), the student’s age/grade level, and the scope and consistency of instructional interventions.

- **The determining factor for identification of a learning disability may not be a "lack of appropriate instruction in reading and math"**

This standard is a requirement for all disabilities identified under IDEA. IEP teams must consider factors such as attendance, school transfers, and quality of instruction among other factors.

- **There shall be evidence that the child does not achieve commensurate with his/her age and ability in one or more of the following areas: listening comprehension, oral expression, basic reading skills, reading comprehension, written expression, mathematics calculation, and/or mathematics reasoning.**

The student’s performance in each area will be determined based on an individually administered standardized measure of academic achievement. The seven areas of academic achievement include:

- *Listening Comprehension – includes retaining and using oral information, understanding word meanings, and following directions, conversation, and discussions.*
- *Oral Expression – includes spoken vocabulary, word recall, and sequencing and ordering events.*
- *Basic Reading Skills – underlie the ability to recognize and analyze the words that comprise sentences and passages and include letter identification, sound/symbol correspondence, word identification (decoding and sight vocabulary), and reading fluency (rate and accuracy).*
- *Reading Comprehension – is defined as a hierarchic sequence of skills with different levels of comprehension ranging from literal to interpretive to critical and includes literal comprehension (the ability to outline or paraphrase), interpretive comprehension (the ability to draw conclusions or find the main idea), and critical comprehension (the ability to make judgments about the passage that was read).*
- *Written Expression – is comprised of skills and abilities in all areas of language arts and is considered the most complex form of human communication. Basic skills to be considered when assessing written expression include formation of letters, words, numerals, and*

sentences in a legible manner, generating sufficient meaningful sentences to express one's thoughts, feelings and opinions adequately, writing in compliance with accepted standards of style adequately, writing in compliance with accepted standards of style (punctuation, capitalization and spelling), using acceptable English syntactic, morphological and semantic elements, and expressing ideas, opinions and thoughts in creative and mature ways as appropriate for the developmental age and measured intellectual abilities.

- *Mathematics Calculation –involves a wide range of computational operations including basic operations (calculation and computation), working with fractions and decimals, algebraic equations, and math fluency (automaticity with tables and mathematical procedures).*
 - *Mathematics Reasoning – requires the solution of problems with missing number facts or applies mathematical concepts to the solution of problems, including recognition and application of common measurement units, problem-solving tasks found in word or story problems, ability to read graphs and tables, solution of money problems, and the ability to use temporal concepts.*
- **There is a severe discrepancy between educational performance and predicted achievement that is based on the best measure of cognitive ability. A severe discrepancy between educational performance and predicted achievement that is based on the best measure of cognitive ability is defined by at least 1.5 Standard Error of the Estimate (SEe) Units when utilizing regression-based discrepancy analyses described in Tennessee's guidelines for evaluation of Specific Learning Disabilities.**

The identification of a discrepancy is only the first step in the identification of a learning disability. The purpose for determining a severe discrepancy is to document the presence of underachievement. Please note that the discrepancy of 1.5 SEe's and regression-based analysis must be applied to determine this discrepancy.

The term "best measure of cognitive ability" is usually a global score (e.g., WISC-III Full Scale IQ, WJ-III General Intellectual Ability or the SB-IV Test Composite). This global score is the most reliable measure and is usually the most predictive of academic success. There are occasions, however, when significant variation among the component factor scores prompts the examiner to consider this global score to be a low estimate of ability. In such cases, another principal factor score or a partial composite may be a

better estimate of cognitive ability.

- **There is evidence of a cognitive processing disorder that adversely affects the child's academic achievement. A cognitive processing disorder is defined as a deficit in the manner in which a child receives, stores, transforms, retrieves, and expresses information. There shall be documented evidence that demonstrates or expresses the manifestation of the processing disorder in the identified achievement deficit.**

There are two important components of this standard. First, a cognitive processing disorder must be identified. Second, that processing disorder must be manifested in the identified achievement deficit area. Once discovered, those two factors must be connected in a way that identifies the processing disorder as relative to the student's achievement deficit.

- **There shall be evidence that the child's learning problems are not due primarily to visual, hearing, or motor impairments; Mental Retardation; Emotional Disturbance; environmental, cultural, or economic disadvantage; limited English proficiency, motivational factors; or situational traumas.**

This standard requires that each exclusionary factor be considered carefully, with appropriate evidence gathered to document that these factors are not the primary cause for either the student's failure to progress or the measured discrepancy between educational performance and predicted achievement.

- **There shall be evidence that**
 - **characteristics as defined above are present and that the severity of the child's Specific Learning Disability adversely affects his/her progress in the general education curriculum, demonstrating the need for special education and related services**

There must be evidence that the SLD has an adverse effect on the child's educational performance and that special education and related services are needed in order for the child to progress. The identified SLD must be the cause of the student's inability to progress in the general education curriculum after effective and appropriate interventions have been attempted for the academic deficit(s).

and

- **children who perform in classroom academics in a manner commensurate with expected academic standards at the child's grade level cannot be considered as having a Specific Learning Disability, even though they may show deficits on achievement tests in one or more of the seven academic areas.**

Students, who are performing at grade level meet academic standards and cannot be considered as having a SLD.

SPEECH/LANGUAGE IMPAIRMENTS

DEFINITION

- ♦ “Speech or Language Impairment” means a communication disorder, such as stuttering, impaired articulation, a Language Impairment, or voice impairment that adversely affects a child’s educational performance.

ELIGIBILITY STANDARDS

The following eligibility standards are required for eligibility as a student with Speech or Language Impairments.

- **Speech/Language Impairment shall be determined through the demonstration of impairments in the areas of language, articulation, voice, and fluency.**

Speech Impairments include problems with word pronunciations (articulation or phonological process), fluency (stuttering), or voice (i.e., chronic hoarseness). Language Impairments include problems with understanding a message from a speaker (receptive language), verbally relating information to a listener (expressive language), and organizing spoken language in a meaningful way (auditory perception). Communication needs are an important component for learning and progressing throughout school.

- **Language Impairment – A significant deficiency which is not consistent with the student’s chronological age in one or more of the following areas:**

Identification of a Language Impairment is made by assessing multiple skills appropriate for a child at the child's age level.

- **a deficiency in receptive language skills to gain information;**
The assessment of receptive language skills may include evaluation of understanding vocabulary, recognition of basic linguistic concepts, and understanding sentence meaning when using a variety of word and phrase structures in varying lengths. In addition, pragmatics or the understanding of social language as well as many other areas of receptive and expressive language are considered.

- **a deficiency in expressive language skills to communicate information;**
The assessment of expressive language skills may include evaluation of spoken vocabulary, appropriate use of rules for words, phrases and clauses when forming sentences, and using language in communicative interactions in social situations. Generally the evaluation of expressive language includes all suspected deficient skills the student may exhibit when using spoken language.

- **a deficiency in processing (auditory perception) skills to organize information.**
The assessment of auditory skills may include the student's ability to attend to the verbal message and remember it, to discriminate subtle differences in sounds and words, and to organize and sequence the information in a manner that is meaningful to the student.

- **Articulation Impairment – A significant deficiency in ability to produce sounds in conversational speech which is not consistent with chronological age.**

Articulation Impairment (speech-sound production) includes substitutions of sounds, omissions of sounds, sound distortions, and additions of extra sounds in words when speaking. Also under this category, consideration is given to phonological processing or the ability to acquire a system of putting sounds together. Typical developmental expectations of different sounds and processes are considered when evaluating the significance of any observed or measured deficits in articulation. Intelligibility, or how well

the child is understood in conversational speech, is a major consideration as well as the impact on the child's ability to learn.

- **Voice Impairment – An excess or significant deficiency in pitch, intensity, or quality resulting from pathological conditions or inappropriate use of the vocal mechanism.**

Since Voice Impairments are frequently due to medical reasons, a medical report is required. Voice Impairments may also be due to faulty or inappropriate use of the voice. Characteristics of the voice are classified according to pitch (i.e., range of sound of the voice from low to high or monotone), intensity (i.e., loudness or softness of the voice), and quality (i.e., hoarseness or breathiness).

- **Fluency Impairment – Abnormal interruption in the flow of speech by repetitions or prolongations of a sound, syllable, or by avoidance and struggle behaviors.**

Fluency Impairments are commonly referred to as “stuttering”. The child may repeat words, partial words, or phrases; physically block sounds or words; use additional or filler words (i.e., “uh” or “um”); or excessively prolong sounds when speaking. Sometimes other observable behaviors such as excessive eye blinking, head nodding, or facial movements will accompany the stuttering behaviors.

- **The characteristics as defined above are present and cause an adverse effect on educational performance in the general education classroom or learning environment.**

There are times when a student may exhibit symptoms of a Speech or Language Impairment but the symptoms are not interfering with learning or the learning process. When this is the case, the child is not identified as eligible for special education services. Information is gathered and documented throughout the assessment process. Final determination of eligibility is made by the IEP team and based on this information.

- **Speech/Language deficiencies identified cannot be attributed to characteristics of second language acquisition and/or dialectal differences.**

A child who is not proficient in English may not be considered as having a Speech or Language Impairment, unless it is determined that the child has such an impairment in his/her primary or native language.

T RAUMATIC B RAIN I NJURY

DEFINITION

- ♦ “Traumatic Brain Injury” means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child’s educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

ELIGIBILITY STANDARDS

The following eligibility standards are required for eligibility as a student with Traumatic Brain Injury.

- **A child must meet the following standards:**
In order for a child to be certified Traumatic Brain Injury, the following type of injury must have occurred:
 - an insult to the brain, caused by an external force that may produce a diminished or altered state of consciousness which induces a partial or total functional disability and results in one or more of the following:

Brain injury occurs when the head is struck or shaken violently. Sudden, strong movement of the brain inside the skull causes damage when the brain hits the skull. The child may or may not lose consciousness, but his/her daily life is disrupted to some degree in one or more of the following ways.

- **physical impairments such as speech, vision, hearing, and other sensory impairments; headaches; fatigue; lack of coordination; spasticity of muscles; paralysis of one or both sides and/or seizure disorder;**

Children with Traumatic Brain Injury may suffer physical effects that can affect their senses, their movement, and their stamina. They can also suffer head pain or seizures.

and/or

- **cognitive impairments such as, but not limited to, impaired:**

Cognitive impairments will be realized earliest in school, but will also affect a person's job performance and daily routines.

- ✓ **attention or concentration,**

It may be very difficult for the child Traumatic Brain Injury to focus, stay on task, filter out distractions, or attend to lecture sessions. Some children become overly stimulated and 'shut down'.

- ✓ **ability to initiate, organize, or complete tasks,**

School performance depends a great deal on a child being able to begin work and follow the steps to get it done. Compensatory strategies, such as making lists, may need to be taught using a planner, etc. Other areas, such as recreational time, may need to be organized.

- ✓ **ability to sequence, generalize, or plan,**

Identifying and following steps, or figuring out what comes next is problematic for children with Traumatic Brain Injury, not only in school but also in imaginative play.

- ✓ **flexibility in thinking, reasoning, or problem solving,**
A child with Traumatic Brain Injury has trouble considering a variety of solutions to a problem, and may revert to trial and error when problem solving, or be unwilling to try a new approach. Activities such as adapting to change or novel situations or shifting from one activity to another are difficult.
- ✓ **abstract thinking,**
Shifting perspective, thinking creatively, and identifying main ideas all become challenging for the child with Traumatic Brain Injury. S/he may be limited to concrete thinking.
- ✓ **judgment or perception,**
The child with Traumatic Brain Injury may be unable to realize others' perceptions, become insensitive to peers and adults, or have limited insight as to the effect of his/her behavior on others. S/he will have difficulty placing himself/herself in 'another's shoes'.
- ✓ **long-term or short term memory, including confabulation,**
The student with Traumatic Brain Injury may be unable to retrieve old memories and knowledge, or retain new information for more than a few minutes. Not being able to remember, s/he may 'make up' things and think it is the truth.
- ✓ **ability to acquire or retain new information,**
Memory deficits greatly affect the child's ability to learn new material. Processing problems, which slow the acquisition of new information, may also exist.

and/or

- ✓ **ability to process information/processing speed;**
The child with Traumatic Brain Injury may have trouble making sense of what s/he hears or reads, and task execution may slow greatly. Longer response time is needed, or tasks modified. Instructions may need to be given in short, concise steps.

and

▪ **psychosocial impairments, such as, but not limited to:**

Psychosocial changes refer to social, emotional, behavioral, and psychological effects of the Traumatic Brain Injury.

✓ **impaired ability to perceive, evaluate, or use social cues or context appropriately, affecting peer or adult relationships,**

Social situations are difficult to understand for the child with Traumatic Brain Injury. S/he may be unable to read subtle social cues like gestures, body space, sarcasm, facial expressions, etc. This makes interaction discouraging and frightening.

✓ **impaired ability to cope with over-stimulating environments, and low frustration tolerance,**

Because it is difficult for a child with Traumatic Brain Injury to ‘filter’ distractions, some environments can become too stimulating and the child may lose control, or ‘shut down’.

✓ **mood swings or emotional lability,**

It is difficult for the Traumatic Brain Injury child to regulate his/her emotions. S/he may cry more easily, become more irritable, or may find it difficult to express emotion.

✓ **impaired ability to establish or maintain self-esteem,**

Feelings of anxiousness may increase due to changed abilities and the unpredictability of his/her own behavior. Repeated failure in school may add to his/her frustration.

✓ **lack of awareness of deficits affecting performance,**

Children with Traumatic Brain Injury often have unrealistic perceptions of their new abilities, or may be unwilling to admit how drastically their lives have changed.

- ✓ **difficulties with emotional adjustment to injury (anxiety, depression, anger, withdrawal, egocentricity, or dependence),**
It is common for Traumatic Brain Injury survivors to have unrealistic expectations concerning their recovery, or of resuming their pre-injury lifestyle. Denial and anger may trigger depression or withdrawal. Adolescents may not see the need for educational intervention, understand the social changes resulting from their injury, or realize an altered vision of the future.
- ✓ **impaired ability to demonstrate age-appropriate behavior,**
Children with Traumatic Brain Injury often act immaturely, or have trouble getting along with age appropriate peers. This makes social relationships with peers difficult.
- ✓ **difficulty in relating to others,**
Because perceptions may have changed, social relationships may change. Social isolation may occur, along with family and personal problems.
- ✓ **impaired self-control (verbal or physical aggression, impulsivity); inappropriate sexual behavior or disinhibition; restlessness, limited motivation, and initiation,**
Lack of control is a common problem Traumatic Brain Injury. Impulsivity may increase, or a student may lose motivation toward completing tasks. Sexual behavior inappropriate to the situation may begin; for instance, hugging strangers. Traumatic Brain Injury survivors lose their sexual inhibitions.

and/or

- ✓ **intensification of preexisting maladaptive behaviors or disabilities.**
Inappropriate behaviors or disabilities that existed before the injury may get worse. Students may have Traumatic Brain Injury and Attention Deficit Disorder, for example, at the same time.

SECTION TWO: Chapter Six – Understanding Disability Standards

- **The characteristics as defined above are present and cause an adverse effect on educational performance in the general education classroom or learning environment.**

It must be shown that the characteristics resulting from a Traumatic Brain Injury prevent a student from making adequate progress in school.

- **The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.**

Traumatic Brain Injury does not include birth accidents, near suffocation, near drowning, or illnesses such as meningitis, encephalitis, cancer, etc.

VISUAL IMPAIRMENT

DEFINITION

- ♦ **“Visual Impairment Including Blindness”** means impairment in vision that, even with correction, adversely affects a child’s educational performance. The term includes both partial sight and blindness.

ELIGIBILITY STANDARDS

The following eligibility standards are required for eligibility as a student with Visual Impairment.

- **The child shall meet the definition of Visual Impairment and at least one of the following:**

For purposes of determining eligibility for special education services, the child's Visual Impairment is measured as the acuity in the better eye with the best possible correction. Children with acuities of 20/20 to 20/40 in the better eye with the best correction do not meet the eligibility standards.

- **visual acuity in the better eye or both eyes with best possible correction:**

Visual acuity is the measurement of the sharpness of the visual image. It is typically reported as a fraction. Normal visual acuity is 20/20. Generally, reduced distance acuity negatively impacts activities such as reading from the chalkboard, reading signs when traveling, and playground or sports activities. Reduced near visual acuity typically impacts deskwork such as reading, interpreting graphs and maps, and writing skills.

- **Legal Blindness – 20/200 or less at distance and/or near;**
Generally, a child with a visual acuity of 20/200 sees at 20 feet what a child with normal vision sees at 200 feet.
- **Low Vision – 20/50 or less at distance and/or near;**
Tennessee's eligibility standards describe the term low vision to be a visual acuity between 20/50 and 20/200.
- **visual field restriction with both eyes:**
The normal field of vision is 180 degrees. A restricted field of vision is a narrowing area of vision and may include tunnel vision and blind spots. It may affect the student's ability when locating objects visually, moving between visual tasks (i.e., transitioning from reading to writing), scanning and locating printed information, and moving safely within the school. Children may be able to see only a few letters at a time, rather than one or more words.
- **Legal Blindness – remaining visual field of 20 degrees or less;**
The child's field of vision is no more than 20 degrees.
- **Low Vision – remaining visual field of 60 degrees or less;**
The child's field of vision is no more than 60 degrees.
- **medical and educational documentation of progressive loss of vision, which may in the future, affect the student's ability to learn visually,**
This standard requires a medical report from an eye specialist stating that a child has a degenerative condition leading to low vision or blindness during the child's school years. When the medical report documents a progressive loss of vision, assessment of the child's educational needs is required before consideration of eligibility can be made.

or

- **other Visual Impairment, not perceptual in nature, resulting from a medically documented condition.**

Eligibility for Visual Impairment is usually based on deficiencies in acuity or field restrictions. Some other diagnoses that are based on visual perception do not meet eligibility standards for Visual Impairment but may meet eligibility standards for other disabilities.

- **The characteristics as defined above are present and cause an adverse effect on educational performance in the classroom or learning environment.**

Because the child meets the medical eligibility standard for Visual Impairment does not mean that intervention is necessary. The IEP team will review the medical information, the functional vision evaluation, and other data to make a determination as to the need for vision services through special education.

APPENDICES

SPECIAL

EDUICATION

MANUAL

APPENDIX A

Resources

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State/Private Special Schools

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Regional Resource Centers

East Tennessee Regional Resource Center

Rodney Franks, Coordinator

franksr@k12tn.net

2763 Island Home Boulevard

Knoxville, Tennessee 37920

Phone: (865) 594-5691

Fax: (865) 594-8909

Middle Tennessee Regional Resource Center

Bob Blair, Coordinator

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1150 Menzler Road

2nd Floor, Room 205

Nashville, Tennessee, 37243

Phone: (615) 532-3258

Fax: (615) 532-3257

West Tennessee Regional Resource Center

Larry Greer, Coordinator

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100 Berryhill Drive

Jackson, 38301

Phone: (731) 421-5074

Fax: (731) 421-5077

State Special Schools

Tennessee Infant Parent Services School

Don Thompson, Director

thompsond1@k12tn.net

2726 Island Home Boulevard

Knoxville, Tennessee 37920

Phone: (865) 579-3099

Fax: (865) 579-5033

Tennessee School for the Deaf

Alan Mealka, Superintendent

amealka@tsd.k12tn.us

2763 Island Home Boulevard

Knoxville, Tennessee 37920

Phone: (865) 579-2441

Fax: (865) 579-2484

Tennessee School for the Blind

Jim Oldham, Superintendent

joldham@tsb.k12tn.us

115 Stewarts Ferry Pike

Nashville, Tennessee 37214

Phone: (615) 231-7300

Fax: (615) 871-9312

West Tennessee School for the Deaf

Barbara Bone, Superintendent

boneb1@k12tn.net

100 Berry Hill Drive

Jackson, Tennessee 38301

Phone: (731) 423-5705

Fax: (731) 423-6470

Related State Contacts

Association of Retarded Citizens of Tennessee (ARC)

44 Vantage Way, Suite 280
Nashville, Tennessee 37228
Toll-Free Phone: 1-800-835-7077
Phone: (615) 248-5878
Fax: (615) 248-5879
www.thearctn.org

Support and Training for Exceptional Parents (STEP)

Nancy Diehl, Director
712 Professional Plaza
Greenville, Tennessee 37745
Information@tnstep.org
www.tnstep.org
Toll-Free Phone: 1-800-280-STEP
Voice: (423) 639-0125
Fax: (423) 636-8217
Text: (423) 639-8802

Tennessee Department of Children's Services

Phone: (615) 741-9192
<http://www.tennessee.gov/youth/>
Phone Directory Map:
<http://www.tennessee.gov/youth/dcsinfo/directory/index.htm>

Tennessee Early Intervention Services

Cindy Mayer, Statewide Public Awareness Coordinator

cmayer@tntech.edu
P.O. Box 5095
Tennessee Technological University
Cookeville, TN 38505
Phone: (931) 372-3559
Toll-Free Phone: 1-800-852-7157

Tennessee Department of Human Services

Area office phone numbers and addresses available on web:
<http://www.tennessee.gov/humanserv/>

**Tennessee Department of Mental Health and
Developmental Disabilities**

<http://www.tennessee.gov/mental/>

Cordell Hull Building
425 5th Avenue North
Nashville TN 37243
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Fax: (615) 532-6514

Tennessee Protection and Advocacy, Inc. (TP&A)

Diane Lee, Senior Advocate/Intake Coordinator

dianel@tpainc.org

P.O. Box 121257
Nashville, Tennessee 37212
Toll-Free Phone: (800) 342-1660 or (800) 392-0265
Fax: (901) 458-7819
www.tpainc.org

Vocational Rehabilitation Services

<http://www.tennessee.gov/humanserv/VRServices.html>

Statewide Centers

Tri-State Resource & Advocacy Corporation
5800 Building, 5708 Uptain Road, Suite 350
Chattanooga, TN 37411

5507 Jackson Center for Independent Living
231-D North Parkway
Jackson, TN 38305

Disability Resource Center
900 E. Hill, Suite 120
Knoxville, TN 37915

Center for Independent Living
480 Craighead Avenue, Suite 200
Nashville, TN 37204

Memphis Center for Independent Living
163 North Angelus Street
Memphis, TN 38104

APPENDIX B

Acronyms

ACRONYMS

AAMR:	American Association on Mental Retardation
ADD:	Attention Deficit Disorder
ARC:	Association of Retarded Citizens
ASHA:	American Speech-Language-Hearing Association
AT:	Assistive Technology
B.A.:	Bachelor of Arts
B.S.:	Bachelor of Science
BICS:	Basic Interpersonal Communicative Skills
BIP:	Behavior Intervention Program
CALP:	Cognitive Academic Language Proficiency
CCC-A:	Certificate of Clinical Competence in Audiology
CFR:	Code of Federal Regulations
COTA:	Certified Occupational Therapist Assistant
CSS:	Children Special Services
DCS:	Department of Children's Services
DHS:	Department of Human Services
DMRS:	Division of Mental Retardation Services
DOC:	Department of Corrections
Ed.D:	Doctorate in Education
Ed.S:	Educational Specialist

EIA:	Education Improvement Act
ELL:	English Language Learner
EOC:	End of Course
ESY:	Extended School Year
FAPE:	Free Appropriate Public Education
FBA:	Functional Behavioral Assessment
FERPA:	Family Education Rights and Privacy Act
HSSM:	High School Subject Matter
IAEP:	Interim Alternative Educational Placement
IDEA:	Individuals with Disabilities Education Act
IEE:	Independent Education Evaluation
IEP:	Individual Education Plan
IQ:	Intelligent Quotient
LEA:	Local Education Agency
LRE:	Least Restrictive Environment
M.A.:	Master of Arts
M.Ed.:	Master of Education
MHDD/MD:	Mental Health Developmental Disabilities/Mental Retardation
M.S.:	Master of Science
M.D.:	Medical Doctor (Physician)
NASP	National Association of School Psychologist
OCR:	Office for Civil Rights
OSEP:	Office of Special Education Programs
PDD-NOS:	Pervasive Developmental Disorder-Not Otherwise Specified
Ph.D.:	Doctorate in Philosophy

Psy.D:	Doctorate in Psychology
PT:	Physical Therapist
PTA:	Physical Therapist Assistant
SDOE:	State Department of Education
SEA:	State Education Agency
SEe:	Standard Error of the Estimate
SEM:	Special Education Manual
SLD:	Specific Learning Disability
SLP:	Speech-Language Pathologist
SLT:	Speech-Language Therapist or Speech-Language Teacher
TBI:	Traumatic Brain Injury
TCA:	Tennessee Code Annotated
TCAP:	Tennessee Comprehensive Assessment Program
TCAP-Alt:	Tennessee Comprehensive Assessment Program Alternate
TCF: EA:	Tennessee Curriculum Frameworks: Extensions and Adaptations
TDOE:	Tennessee Department of Education
TEIS:	Tennessee Early Intervention System
TIPS:	Tennessee Infant Parent Services
TP&A:	Tennessee Protection and Advocacy, Inc.
TSCF:	Tennessee State Curriculum Frameworks

APPENDIX C

STATE – MANDATED ASSESSMENT

FREQUENTLY ASKED QUESTIONS

FREQUENTLY ASKED QUESTIONS

GENERAL ASSESSMENT

- 1. Why should students receiving special education services be tested using the assessments included in the Tennessee Comprehensive Assessment Program (TCAP)?**

The reauthorization of the Individuals with Disabilities Education Act (IDEA) states that all students are to participate in large-scale assessments given on state and local levels. The Special Education teachers, students, and parents are shown how the tested student compares with other students at his/her grade level nationwide or statewide depending up on the assessment. This is especially important for those students who are or may potentially be included in the regular classroom.

- 2. Can students be excluded from TCAP Assessments?**

All students must participate in state and local assessments. A very small percentage (approximately .5% - 1.0% of total school population) of students may qualify to participate in the TCAP Alternate Assessment (TCAP-Alt).

- 3. What is an alternate assessment?**

An alternate assessment is an assessment designed for students with moderate, severe, and profound disabilities who are unable to participate in a general assessment, even when accommodations or modifications are provided. The alternate assessment is a way for these students to participate in and benefit from assessment programs.

- 4. Which students should receive an alternate assessment?**

The need for alternate assessments depends on the individual needs of the child, not the category of the child's disability. The alternate assessment is designed for students with moderate, severe and profound cognitive and adaptive disabilities. It is expected that only a relatively small number of students will participate in alternate assessments.

- 5. How does a student qualify for the TCAP-Alt?**

The student's IEP team makes this determination based on guidelines (developed by a statewide advisory committee) for participation in Tennessee's Alternate Assessment.

- 6. What is the difference between Allowable Accommodations and Special Conditions Accommodations?**

All students may receive Allowable Accommodations on the TCAP Assessments if needed. Only students receiving special education services that meet the specified requirements and have the required IEP documentation may use Special Conditions Accommodations on TCAP Assessments.

7. Can a student receiving special education services be administered the TCAP Achievement test outside of the grade in which s/he is enrolled?

No, this would invalidate the results. The test was normed using only students in a particular grade.

8. Do students enrolled in special education have to pass high stakes exams in order to receive a regular high school diploma?

Yes, students who desire a regular high school diploma must meet the requirements of their IEP and pass the Competency Test. Beginning in 2001-2002, students who wish to receive a regular high school diploma must pass the three Gateway Tests in Algebra I, English II, and Biology (Gateway Mathematics, English/Language Arts, and Science).

9. How will participation in assessment programs benefit children with disabilities?

Participation of students with disabilities in state and local assessments is not participation just for the sake of participation. These assessments should help improve teaching and learning by creating high expectations and accountability for the success of all students. Participation in assessments should also promote access to the general curriculum, allowing children with disabilities to learn what other students are learning. It is critically important that schools know how successful they are in preparing all students to meet high standards. Parents need to know this as well.

10. Is parental permission required for children with disabilities to participate in statewide and district assessment programs?

Parental permission is not required for students to participate in state and local assessment programs. Whatever rules apply to non-disabled children in also apply to children with disabilities.

11. Can parents choose not to have their child participate in statewide or district assessments?

The Individuals with Disabilities Education Act requires that all students in special education be assessed. The passage of No Child Left Behind (NCLB) in the 2001-2002 extended this requirement to ALL students and included specific accountability requirements.

12. What is the role of the IEP team in statewide or district assessments?

Under IDEA, the IEP team, which always includes a parent or parent representative, determines how the child participates in state and district-wide assessments of student achievement. The IEP team cannot exempt children with disabilities from participating in these assessment programs.

13. What happens if a student with a disability cannot participate in an assessment in the usual way?

The IEP team determines if any changes in administration are needed in order for the student to participate in the assessment. These changes are called different things in different states, and federal laws use several different terms such as "accommodations" and "modifications". Basically, these terms mean changes in the way a test is presented, the way a student responds, the setting in which a student takes a test, the timing and schedule for the test, or other similar changes.

14. Can the IEP statement of how the child will participate in statewide and district assessments be changed without reconvening the IEP team?

No, if the IEP team wishes to change a provision of the IEP, it must meet again to make the change.

GATEWAY ASSESSMENT

1. When and why did the state develop the High School End-of-Course Tests Policy?

In 1992 as a result of the Education Improvement Act (EIA) High School Subject Matter Tests were initiated. On October 29, 1998 in compliance with TCA 29—6001 (a)(1) the State Board of Education designated ten high school courses for the development of End-of-Course examinations. Three of these courses, Algebra I, Biology I, and English II were stipulated as diploma requirements.

2. What is the difference between High School Subject Matter courses (HSSM), Gateway tests, and End-of-Course (EOC) tests?

- High School Subject Matter (HSSM) courses are the ten high school courses in which a state mandated exam is required at the end of the course.
- End-of-Course (EOC) tests are the tests given at the end of each of the ten High School Subject Matter courses.
- Gateway tests: Three of the ten End-of-Course tests (Algebra I, Biology I and English II) are also Gateway Tests. Passing the three Gateway tests is a requirement for a student to graduate with a regular diploma.

Note: The Gateway tests are now officially known as Mathematics, Science and Language Arts.

3. Why should special education students be required to take the Gateway tests?

The reauthorization of IDEA requires all students to participate in mandated large-scale assessments given on state and local levels.

4. Can an IEP team exempt a student from having to take the Gateway Tests to graduate?

All students must participate in either the Gateway tests or the TCAP-Alt. The IEP team determines if the student qualifies for the TCAP-Alt.

5. Do special education students have to pass the Gateway Tests to graduate?

- To graduate with a diploma of “Specialized” Education (Special Education Diploma), the student must meet his/her IEP requirements, have appropriate attendance and behavior.
- To receive a regular diploma, the students must also pass the three Gateway tests.

6. Do special education students have to take the EOC test for the other seven High School Subject Matter courses?

Yes, if the special education student is in a regular general education class for one of the seven High School Subject Matter courses then s/he would take the tests as required.

7. Do all special education students have to be placed in general education Gateway courses?

No, however special education students should have access to the general education courses.

8. Can a student be taught Gateway courses in his/her special education class?

Yes.

9. Do special education teachers have to be certified in the Gateway curriculum areas in order to teach the Gateway courses?

No, not if they are teaching only special education students.

Note: A special education teacher can teach a special education student any subject area at this time. However, the “highly qualified teacher” regulations from No Child Left Behind (NCLB) may change this statement. Further clarifications will be made to this section, as they become available to the State.

10. When do the special education students take the Gateway tests?

If a student is taking the Gateway course s/he should take the test at the end of the course. If the student is not going to take the Gateway courses, the IEP team can determine the best time for the Gateway test to be administered. However, the administration has to be during the normal administration of the Gateway test.

Note: The test is administered 3 times a year – May, December, and July.

11. How many times can a student take the Gateway tests?

A student can take the test during any normal administration time – there is no limit to how many times.

12. If a special education student has taken a Gateway test and failed, can the IEP team determine that the student does not have to retake the test?

The IEP team should set a goal for the student to achieve on each Gateway test. Once the student has achieved the established goal, the state-mandated team can determine that the student has met the requirement for participating in the Gateway test.

Note: The student must still meet the state-required score for passing to work toward a regular diploma.

13. What is the passing score for the Gateway diploma requirements?

The passing scores may vary slightly from one test administration to the next. The passing scores were determined by results from the live calibration testing.

14. What percentage will the Gateway and/or EOC tests count as a part of a course credit?

The State Board of Education established a minimum percentage of 15% of the final grade. However, a school system may require a higher percentage.

15. What happens if a regular education student passes the course but fails the test?

The student has not met the graduation requirement and must attend an intervention program taught by a teacher certified in that area.

16. What happens if a special education student passes the course but fails the test?

The student has not met the requirement for a regular diploma. If the student was attending a regular education class, s/he must also attend an intervention program taught by a teacher certified in that area.

17. What happens if a regular education student fails the course but passes the Gateway test?

S/he has met that specific graduation test requirement, however s/he must retake the course to pass and take the test again as part of the grade for the course.

Note: S/he has met the requirement for graduation by passing the test the first time, s/he does not have to pass it the second time.

18. What happens if the special education student fails the course but passes the Gateway test?

S/he has met that specific requirement for a regular diploma. The IEP team should decide if the student needs to take the course over or determine other options.

19. If a student is in a regular education Gateway and/or High School Subject Matter course, do the student's EOC test scores count as part of his/her grade?

Yes.

20. If a student is in a special education Gateway and/or EOC course, do the student's test scores count as part of the grade?

If the student is being taught by a special education teacher, the IEP team may determine if a student's test scores will be counted as part of his/her grade.

21. What happens if a special education student being taught a Gateway course in special education passes a Gateway exam?

S/he has met that requirement for a regular diploma.

22. Can accommodations be made on the Gateway and/or EOC tests?

Yes, there are acceptable accommodations that can be made for any student, if needed. However, only students who meet the specified requirements and have the required IEP documentation may use "Special Conditions Accommodations". (Please refer to the published accommodation list in the school's *Test Coordinator's Manual*.)

23. How will a special education student's test scores be reported for the teacher, the school and the school system summaries?

If the student has been properly coded as a special education student on the answer sheet, s/he will not count on the roster of an individual teacher. S/he will be included in the school and school system summaries.

24. What course of action is taken when a student exits high school with a Special Education Diploma at the time the Competency tests (Mathematics and English/Language Arts) were required for a Regular Diploma and later returns when the Competency tests are no longer available? Is this student then required to pass the three Gateway Assessments (English/Language Arts, Science, and Mathematics) in order to get a Regular Diploma?

No – Any special education student returning to school to take the tests required for graduation after the final administration of the Competency tests (Spring 2004) may request the needed assessment through:

The Division of Evaluation and Assessment – 7th Floor, Andrew Johnson Tower, 710 James Robertson Parkway, Nashville, Tennessee 37243, (615) 741-0720, FAX (615) 532-7860.

APPENDIX D

ASSESSMENT GUIDELINES FOR

ENGLISH LANGUAGE LEARNERS

The number of students who do not speak English as the primary language has and continues to increase significantly within Tennessee's schools. The law requires that students may NOT be eligible for special education when the determinant factor for that disability eligibility is either lack of instruction in reading or math or Limited English Proficiency. When school personnel and/or parents suspect a student who is an English Language Learner MAY be a student with a disability AND the student's primary language is NOT the cause of the student's inability to progress within the general education curriculum, a referral for evaluation for special education eligibility may be initiated. When this is the case, there are many considerations that must be made when administering established evaluation procedures and considering language, cultural, socioeconomic differences, and standardization of assessment instruments. This section provides guidance for assessment personnel in the evaluation of English Language Learners. Guidelines are also provided for the evaluation of English-speaking learners when there is evidence of extreme dialectal or cultural differences that may affect the results and interpretation of assessment interpretation.

ASSESSMENT GUIDELINES: ENGLISH LANGUAGE LEARNERS

EVALUATION CONSIDERATIONS

Cultural Knowledge of the Student

Prior to developing an assessment plan for a student from a culturally or linguistically diverse background, the assessment specialist should seek information for particular cultures about the following topics:

- cultural values,
- preferred modes of communication,
- nonverbal communication rules,
- rules of communication interaction (who communicates with whom? when? under what conditions? for what purposes?),
- child-rearing practices, rituals and traditions, perceptions of punishment and reward;
- what is play? fun? humorous?,
- social stratification and homogeneity of the culture,
- rules of interaction with nonmembers of the culture (preferred form of address, preferred teaching and learning styles),
- definitions of disabled and communicatively disabled, and
- taboo topics and activities, insults, and offensive behavior.

The Center for Applied Linguistics in Washington, D.C. (202-362-0700 or www.cal.org) is a useful resource about other languages and cultures, as is the National Clearing House for Bilingual Education (202-467-0867 or <http://www.ncbe.gwu.edu>). Local and state cultural organizations may also be able to provide information.

Determining the Language(s) to be Assessed

“Both Title VI and Part B of the Individuals with Disabilities Education Act of 1997 (IDEA’97) require that a public agency ensure that children with limited English proficiency are not evaluated on the basis of criteria that essentially measure English language skills” [34 CFR, Attachment 1, p. 12633] *Tennessee’s Special Education Rules and Regulations* [0520-1-9-.06(2)(a)2]. The “Eligibility Standards” specifically state that disabilities cannot be attributed to characteristics of second language acquisition and/or dialectal differences. The assessment specialist must be careful not to identify individuals as having a disability based on characteristics of second language acquisition or dialectal differences.

The purpose of the evaluation and the skills of the student (e.g., social vs. academic language skills) are important considerations in selecting the language(s) to be used during the evaluation process. When more than one language is to be used, the evaluator needs to consider whether they will be used separately or simultaneously. Best practice research suggests the use of each language separately in assessment for students who are young and come from primarily monolingual homes, have been enrolled in a quality bilingual program where academic instruction has been consistently delivered in the first language, and who are recent arrivals in the United States. When the languages are used separately, the stronger language should be used first in order to obtain optimum performance. The use of both languages simultaneously is most effective with students whose control of both languages is limited, whose native language combines the two languages, and who are young and having difficulty separating the languages.

BILINGUAL ASSESSMENT PERSONNEL

When no one on staff in the school district is able to administer a test or other evaluation in the student's native language, 34 CFR Attachment 1 offers the following suggestions:

- Identify an individual in the surrounding area who is able to administer a test or other evaluation in the child's native language; and/or
- Contact neighboring school districts, local universities and professional organizations.

Additional options that may be considered include using a trained interpreter or translator. Other school district personnel such as teachers of foreign languages, general education, bilingual education or English Language Learner (ELL) teachers, paraprofessionals/aides, or pupil services personnel may either serve as resources or may have contacts outside the district. Various cultural or religious groups or teachers at commercial language schools may also be able to help. There are several alternative strategies for the use of other professional personnel to assist in the assessment of individuals with communicative impairments who are members of minority language populations. Guidance is available about the use and training of interpreters and translators if this option is the only alternative available to the assessment specialist.

Training Interpreters and Translators

The assessment specialist and the IEP team should be especially cautious in interpreting data obtained from translated test materials. Some of the specific difficulties encountered in translating tests include the following concerns:

- The test norms may not apply to the individual student. Tests may come with English-based norms only, may be normed on monolingual speakers of the target language and/or may be normed outside the United States.
- The comparability of psychometric properties (reliability, validity and difficulty levels of items) for an English test and its translated version cannot be assumed.
- Equivalent words and concepts may not be found across languages and/or cultural groups.
- No single translation can be sensitive to all dialects of a particular language.
- Spontaneous translations often contain errors.

When the assessment specialist and the IEP team consider the use of a trained interpreter to assist in the assessment process, they must evaluate the advantages of this approach which allows testing in the student's first language, enables informal interaction and communication, makes the student more comfortable, provides for flexibility and is legal under federal and state laws. On the other hand, the IEP team must evaluate the potential problems with such an approach, including the increased time needed for training and testing using an interpreter. Additional potential problems which must be addressed are the possibility of bias, inaccuracy, invalid test data, false confidence among assessment participants as well as threats to confidentiality and neutrality in the evaluation process. Thus, the assessment specialist and the IEP team members must be certain to use the following guidelines:

- The interpreter should know the culture, not just the language.
- Selection and extensive training of interpreters are critical.
- Test norms CANNOT be used.
- Be certain that the interpreter speaks the correct dialect of the language.
- The evaluation team should be trained to work with interpreters.

Considerations for Speech and/or Language Pattern Differences

Due to inherent difficulties associated with using interpreters, the assessment specialist should be especially aware of common errors that may occur in interpreting or translating results which may include omissions, additions, substitutions and transformations. Interpreters and translators may omit single words, phrases or sentences when:

- they do not know the meaning of the words, phrases or sentences.
- the words cannot be translated.
- they cannot keep up with the pace of the speaker.
- the words appear to be of no importance (e.g., very, rather).

Interpreters and translators may add extra words, phrases or entire sentences when:

- they wish to be more elaborate.
- they editorialize.
- they need to explain a difficult concept for which there is no equivalent in the other language.

Interpreters and translators may substitute words, phrases or sentences other than the specified ones when:

- they make an error.
- they misunderstood the speaker.
- they cannot keep up with the pace of the speaker and must make up material based on the words they remember hearing.
- they are confused about the words (e.g., homonyms).
- they fail to retrieve a specific word or phrase.
- they use an incorrect reference.

Finally, interpreters and translators may change the word order of the statement, sometimes distorting or transforming the meaning. Additional errors may result from unequal skill in first and second languages when interpreters and translators find it easier to interpret from first language to second than from second language to first. Interpreters and translators may also change the meaning of the message through idiosyncrasy in intonation, facial expressions and gestures.

Important linguistic competencies include the ability to understand and converse in first and second language with a high degree of proficiency, strong proficiency for reading and writing skills, the ability to say the same thing in different ways, the ability to adjust to different levels of language use, familiarity with different types of interpretations or translations, the ability to memorize and retain information in memory, knowledge of technical educational terminology and familiarity with the culture of the language that is being interpreted or translated. Other competencies considered critical for the interpreter or translator in school assessment settings include understanding of child development, understanding of cross-cultural variables, understanding of education procedures (i.e., general education intervention, testing, and services), understanding the nature of the testing procedures and the ability to work well with people. Finally, the ethical and professional considerations for selecting and training interpreters and translators include maintaining professional conduct, maintaining confidentiality, remaining neutral, being straightforward, not accepting an assignment beyond one's capabilities and being able to ask for help or clarification when necessary. In addition, the interpreter or translator who functions in the school assessment

setting must respect the authority of the evaluation team and have the ability to work as a team member with the education staff. It is imperative that the interpreter/translator understands the need for confidentiality.

MODIFICATIONS OF ASSESSMENT PROCEDURES

Test modifications allow the evaluator to observe how the child performs under various conditions. While changing the standards of test administration may be necessary for children from culturally and linguistically diverse backgrounds, they may also be helpful with native English speakers and for children with severe disabilities. Common test modifications include: restating or repeating directions, allowing additional response time, allowing native language responses or code-switching, providing extra practice items before the test, and substituting culturally relevant stimulus items. When tests are modified, modifications must be reported and test norms may NOT be applied. The importance of the following factors in selecting specific instruments: reliability, validity, cultural appropriateness of the test stimuli and procedures, linguistic and cultural competency of the clinician and the potential value of additional informal assessment is paramount.

INTERPRETATION OF ASSESSMENT RESULTS

To determine whether a student with limited proficiency in English has a disability, differentiating a language-based or communication-based disability from a cultural or language difference is crucial. In order to conclude that a student with limited English proficiency has a disability, the assessor must rule out the effects of different factors that may simulate language and/or academic disabilities.

No matter how proficient a student is in his or her primary or home language, if cognitively challenging native language instruction has not been continued, a regression in primary or home language abilities is likely to have occurred. Students may exhibit a decrease in primary language proficiency through:

- inability to understand and express academic concepts due to the lack of academic instruction in the primary language,
- simplification of complex grammatical constructions,
- replacement of grammatical forms and word meanings in the primary language by those in English, and
- the convergence of separate forms or meanings in the primary language and English.

These language differences may result in a referral to Special Education

because they do not fit the standard for either language even though they are not the result of a disability. The assessor also must keep in mind that the loss of primary or home language competency impacts the student's communicative development in English.

The student's competence in his or her primary or home language may be interfering with the correct use of English. Culturally and linguistically diverse students in the process of acquiring English often use word order common to their primary or home language (e.g., noun-adjective instead of adjective-noun). This is a natural occurrence in the process of second language acquisition and not a disability. Furthermore, students may "code-switch" using words and/or patterns modeled in their homes or communities. While often misinterpreted as evidence of poorly-developed language competence, the ability to code-switch is common among competent, fluent bilingual speakers and may not necessarily indicate the presence of a disability.

Experience shows that students learn a second language in much the same way as they learned their first language. Starting from a silent or receptive stage, if the student is provided with comprehensible input and opportunities to use the new language, s/he will advance to more complex stages of language use. It takes a student, on average, one to two years to acquire basic interpersonal communicative skills (BICS) – the level of language needed for basic face-to-face conversation. This level of language use is not cognitively demanding and is highly context-embedded. On the other hand, cognitive academic language proficiency (CALP), the level of language needed for complex, cognitive tasks, usually takes on average five to seven years or more to acquire. This level of language functioning is needed to be successful in an English classroom where language is context-reduced and cognitively more challenging. If a student appears to be "stuck" in an early language development stage, this may indicate a processing problem and further investigation is warranted.

In addition to understanding the second language learning process and the impact that first language competence and proficiency has on the second language, the assessor must be aware of the type of alternative language program that the student is receiving. Questions should be considered such as:

- Has the effectiveness of the English instruction been documented?
- Was instruction delivered using the second-language teacher or was it received in the general education classroom?
- Is the program meeting the student's language development needs?

The answers to these questions will help the assessor determine if the language difficulty is due to inadequate language instruction or the presence of a disability.

Interpretation Considerations

Interpreting evaluation findings of culturally and linguistically diverse children during assessment is not substantially different from interpreting that of native English speakers. However, it does require consideration of both the structure of the child's language/dialect and the cultural values that affect communication.

Background Information Considerations

- child rearing practices that may affect communication development (e.g., amount of parent-child vs. peer-peer talk),
- cultural attitudes to impairment that may produce “learned helplessness” in child by our standards,
- genetic conditions that may affect communication development (e.g., prevalence of sickle cell anemia among African-Americans in relation to sensorineural hearing loss),
- influence of difficulty or inconsistency in accessing health care system for identification or intervention of medical conditions that impact communication development (e.g., related to cultural values, parents’ lack of English proficiency, poverty),
- stage of native language development when English was introduced,
- disruptions in learning native language or English,
- quality of English speech or language models,
- stability of family composition, living circumstances related to opportunities to engage in normal communication building experiences, and
- attitudes of family and child to English language culture.

Language Considerations

- stage of English acquisition,
- interference from native language that may cause English errors (e.g., Spanish “la casa grande” literally means “the house big”),
- *fossilization* or persistence of errors in English even when English proficiency is generally good,
- inconsistent errors that vary as the child experiments with English (inter-language),
- switching back and forth between native language/dialect and English (code-switching) words or language forms to fill in gaps in English language knowledge or competence (child may have concept but not the word, or the child exhibits an awareness of the need to “fill a slot” to keep the communication going),
- language loss in native language as English proficiency improves (may account for poor performance in native language),
- legitimacy of vocabulary and language forms of African-American English

related to historical linguistic influences,

- absence of precise native language vocabulary equivalents for English words,
- influence of normal limitations in English vocabulary development on difficulties with multiple meaning words,
- influence of normal difficulties in English language expression on ability to demonstrate comprehension (e.g., respond to questions),
- absence in English of native language forms (e.g., Spanish “tu” and “ustedés” vs. English “you”),
- restrictions or absence of certain uses of language due to cultural values (e.g., prediction in Native American cultures),
- influence of culture on nonverbal language (e.g., gesturing, eye contact),
- influence of culture on discourse rules (e.g. acceptability of more interruptions among Hispanics),
- influence of culture on proxemics (e.g., acceptability of greater proximity between listener and speaker among Hispanics, and
- influence of absence of written language forms in native language on English writing (e.g. capitalization, punctuation, paragraph structure in Chinese).

Phonology Considerations

- dialect variations within language groups (e.g., Mexican, Puerto Rican, Cuban dialects of Spanish),
- absence of sounds of native language in English or in the same position in English and vice-versa (e.g., deletion of final consonants in English related to only five consonants appearing in word final position in Spanish or deletion of final consonant clusters in English as a function of their absence in Japanese),
- effect on sound discrimination of meaningful sound differences in one language not being meaningful in another,
- influence of articulation features of native language sounds on production of English sounds,
- influence of dialectal variations on physical parameters of sounds (e.g., lengthening or nasalizing of vowel preceding a final consonant in African-American English when that consonant is deleted),
- historical linguistic influences on development of African-American phonology, and
- the child’s possible embarrassment about how s/he sounds in English.

Fluency Considerations

- apparent universality of sound repetitions, sound prolongations and associated behaviors such as eyeblinks and facial, limb and other body movements in stuttering across cultures;

- influence of normal development of English language proficiency on occurrence of dysfluencies (e.g., revisions, hesitations, pauses);
- cultural behaviors that may be misinterpreted as avoidance behaviors (e.g., eye contact);
- cultural variations on fluency enhancers or disrupters;
- misinterpretation of mannerisms used to cover up limited English proficiency as secondary characteristics of dysfluency;
- the relationship of locus of stuttering to phonemic, semantic, syntactic and pragmatic features of the native language and English; and
- possible influence of foreign accent on accuracy of measurement of speech rate and judgments of speech naturalness.

Some Voice Considerations

- influence of vocal characteristics of native language on voice resonance in English (e.g., tone languages),
- cultural variations in acceptable voice quality (e.g., pitch, loudness),
- possible role of insecurity about speaking English on volume of voice in English, and
- possible role of stress from adapting to a new culture on vocal tension affecting voice quality.

The assessment specialist and the IEP team members must understand the process of second language learning and the characteristics exhibited by ELL students at each stage of language development if they are to distinguish between language differences and Speech and/or Language Impairments. The combination of data obtained from the case history and interview information regarding the student's primary or home language, the development of English language and ELL instruction, language sampling and informal assessment as well as standardized language proficiency measures should enable the IEP team to make accurate diagnostic judgments. Only after documenting problematic behaviors in the primary or home language and in English, and eliminating extrinsic variables as causes of these problems, should the possibility of the presence of a disability be considered. Once these considerations have been addressed, the assessment specialist and the IEP team are in a position to determine whether a specific disability exists using the standards outlined in the *Tennessee Eligibility Standards*.



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